Medicare Hospital

INFORMATION

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MEDICARE HOSPITAL INFORMATION

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Volume 52

WEST VIRGINIA

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FOREWORD

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to the nation's aged, disabled, and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

To that end, the annual release of the Medicare Hospital Information report is a key element in our continuing efforts to improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries. It is also an important step in helping beneficiaries make more informed health care decisions.

The information in this release is not intended as a direct measure of quality of care. It is best used as a "screening tool"—that is, to identify potential problems for further review and, in consultation with medical staff, to evaluate a hospital's strengths and weaknesses. Thus, we believe that consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. We also expect this information to be used by hospital administrators, physicians, peer review organizations, State survey and certification agencies, and researchers.

This publication presents information to answer the question "What is the actual mortality rate within a certain period of time for each hospital compared to the rate that would have been predicted, given what we know about the characteristics of the patients admitted?" Our basic approach to analyzing hospital mortality information has remained unchanged for the past five years; however, since the last publication of mortality information in May 1991, we have made some significant changes both in our methodology and in the way we display the results of our analysis. The four principal changes in the 1992 report are:

- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for Federal fiscal years 1988-1990 at 30, 90, and 180 days;

- The addition of information on certain variables that we use in computing the predicted mortality rates for each hospital;

- The addition of information on the geographic origin of each hospital's patients; and

- A comparison of the average length of stay in each hospital with the average for the State and Nation.

These refinements should make this information an even more valuable educational tool to help improve the quality of care in hospitals. The changes were reviewed by a panel of outside experts. The methodology used to calculate the observed mortality rate, the predicted mortality rate, and the standard deviation are briefly described in the Technical Information section of the Introduction to this volume and in more detail in the Technical Supplement (Volume 55).

We acknowledge the assistance we have received from the American Hospital Association—not only for providing the information detailing selected hospital characteristics, but also for alerting its members to the importance of this information. We are also grateful to the personnel in each hospital who took the time to review the data thoroughly and to provide us with comments and suggestions. As before, we have published individual hospitals' comments in their respective State volumes. Over the years, these communications have helped to improve and refine the information included in this publication.

HCFA is committed to improving the Medicare Hospital Information report. To that end, we are continuing to work with representatives of hospital, consumer, employer and other organizations to make this annual report as useful as possible for all consumers.

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INTRODUCTION

The Medicare Hospital Information report contains information on acute care hospitals that treated Medicare patients discharged in Federal fiscal year (FY) 1990 (October 1, 1989—September 30, 1990).

This year's publication set consists of 54 State volumes and a Technical Supplement (Volume 55). There is one volume per State, except that California and Texas have two volumes each, Hawaii is combined with American Samoa and Guam, and Puerto Rico and the Virgin Islands are combined together in one volume.

Each hospital's two summary data pages are arranged alphabetically by hospital name in each State volume. These data pages consist of:

- The hospital's FY 1990 Medicare hospital mortality rates;
- A graphic presentation of the predicted and observed mortality rates for **most** hospitals for "All Causes" for FYs 1988—1990 at 30, 90, and 180 days;
- The FY 1990 values for selected explanatory factors used to predict the mortality rates;
- Origins and lengths of stays of Medicare admissions; and
- Hospital characteristics, such as the number of beds and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals files or, when such information was not available from the AHA file, the Health Care Financing Administration's (HCFA) Online Survey, Certification and Reporting System (OSCAR) file.

> ***Please note that the information regarding origins and lengths of stays and hospital characteristics are presented strictly for information purposes only. They were not used to calculate the hospital's predicted mortality rates.***

Toward the end of each volume, we include both State and national mortality rates developed by our analysis, as well as the comments we received from individual hospitals.

DESCRIPTION OF MORTALITY INFORMATION

The mortality rates at a given hospital may reflect, among other factors, the age, sex, diagnoses, and severity of illness of patients admitted to that hospital, as well as the quality of care they received. Factors affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations vary considerably.

These latest analyses of the mortality rates associated with Medicare hospitalizations are similar to those carried out in the four prior years. Only one hospitalization for every patient was used. As in last year's analysis, when a patient had multiple hospitalizations during the fiscal year, one stay was selected at random to be analyzed. We believe that the use of the randomly selected admission provides a better representation of a typical hospital admission and permits us to calculate mortality rates more nearly like those the hospital itself would calculate for its patients.

Although we publish data only on deaths which occur within 180 days of admission to the hospital, for purposes of analysis our methodology actually considers deaths which occur any time within 365 days of admission (with the exception that no date of death later than April 1, 1991 is used). This is part of the formula which assesses the long-term risk of mortality. With this approach, information about the early and later results of the hospitalization is provided. This is important because diseases evolve with different time courses, and treatments may have different short- and long-term effects. The choice of at least 180 days allows substantial followup consistent with timely reporting of HCFA data.

We again analyzed the data on a fiscal year, rather than on a calendar year, basis because it allows us to report on recent hospitalizations. Also, new Medicare rules are often instituted on a fiscal year basis.

For each hospital, mortality rates are presented for overall Medicare patient mortality and for eight medical conditions and nine procedures. The information consists of the number of Medicare patients; the observed or actual mortality rate (OBS); the predicted mortality rate (PRED), given the mix of patients; and a standard deviation (SD), a measure of the uncertainty of the predicted rate.

The following information will be helpful when reviewing specific information for any given hospital.

Number Of Cases

This is the number of individual Medicare beneficiaries whose discharge in a fiscal year from the short-term, acute care hospital listed was selected for analysis. The total number of cases randomly selected for each hospital is presented under the category "All Causes." The eight medical condition and nine surgical procedure categories are subgroupings drawn from the "All Causes" selection. Although a particular patient may appear in only one of the eight medical condition categories, that same patient may also appear in one or more of the nine surgical procedure categories. Similarly, a patient may appear in one or more of the nine surgical procedure categories, even though he or she was not included in any of the eight medical condition categories.

The categories chosen for display represent HCFA's interpretation of the categories judged to be important by various outside advisors including the Institute of Medicine. The listed condition and procedure categories do not cover the reason for admission of all the hospitalized Medicare patients in this study. (The ICD-9-CM codes included in each condition and procedure category appear in Table 1 following this Introduction section.)

These conditions and procedures represent the causes for the hospital admission and/or surgical episodes during that stay; they do not necessarily represent the cause of death. HCFA does not have access to cause of death information.

Observed Mortality Rate (OBS)

The observed mortality rate for each category is the percentage of each acute care hospital's selected Medicare patients who died within 30, 90, or 180 days of the selected admission. This rate does **not** represent the percentage whose death was caused by a particular condition or procedure.

The percentage is rounded to the nearest one-tenth of one percent. Both inhospital deaths and deaths occurring after discharge but within 30, 90, or 180 days of admission are included. For example, if a hospital had 1,000 patients included in the "All Causes" category and 124 of these patients died within 30 days of the selected admission, the 30-day observed mortality rate would be 12.4 percent; if an additional 17 patients died more than 30 but less than 91 days after admission, the 90-day observed mortality rate would be 14.1 percent; and if an additional 13 patients died more than 90 but less than 181 days after admission, the 180-day observed mortality rate would be 15.4 percent.

It is important to note that the observed mortality rate is cumulative; e.g., the 90-day observed mortality rate includes all deaths which occur within 30 days of admission, as well as those occurring more than 30 and less than 91 days after admission.

Predicted Mortality Rate (PRED)

The predicted mortality rate for each hospital's patients is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics such as:

- Principal diagnosis (grouped into 23 analytical risk categories),
- Age,
- Sex,
- Previous hospital admissions within the prior six months,
- Admission source (e.g., physician reference, skilled nursing facility reference),
- Admission type (e.g., elective or emergency), and
- The presence of up to seven comorbid conditions—cancer, chronic cardiovascular disease, chronic renal disease, chronic liver disease, chronic pulmonary disease, cerebrovascular degeneration, and chronic diabetes. A list of the ICD-9-CM codes defining the comorbid conditions is in Table 2 following this Introduction section.

Standard Deviation (SD)

The standard deviation is a tool to gauge the extent to which the difference between the observed and predicted mortality rate is meaningful. In general, the greater the difference between the two rates, the greater the probability that the difference represents an actual variation from what would be expected in view of the national experience. The less chance that the difference between the PRED and the OBS can be attributed to statistical variability, the more grounds for possible concern about the institution's performance.

Information on how to use the SD to construct prediction intervals for use in assessing the real difference between the OBS and the PRED is included in the Technical Information section of this Introduction. The precision and interpretability of the estimates are weaker when there are no deaths or 50 or fewer cases in a particular category being analyzed. Thus, for these instances, dashes ("---") are placed in the SD column.

Observed Mortality Rate And Predicted Range For Medicare Patient Admissions For All Causes

Also in this year's report, we have presented graphs that display the information for most hospitals described above for FYs 1988 and 1989, as well as FY 1990. (In particular, these graphs could not be computed for hospitals that had 50 or fewer cases or no deaths in FYs 1988, 1989, or 1990). In constructing the graphs, we used 2 times the standard deviation to approximate a 95 percent prediction interval. The observed mortality is shown as a dot (•). The predicted mortality is shown at the middle of a range of mortality rates. The bottom of the range is the predicted mortality minus twice the standard deviation, and the top of the range represents the predicted mortality plus twice the standard deviation. The graphs for FY 1988 and FY 1989 are based on new random samples and new computations for this year's report. Thus, the calculations for some hospitals for FY 1988 and FY 1989 may be different from previous releases, because we are including more current data in this year's report.

FY 1990 Values For Selected Explanatory Factors Used To Predict Mortality Rates

This year's report includes the FY 1990 average at each hospital of many of the explanatory factors used to predict that hospital's mortality rates. This information provides a profile of the patients used in the analysis and should help to identify possible systematic coding errors in the claims data used to calculate the mortality rates. These percentages are derived from the patients included in the sample and should be applied to the total number of cases listed in "All Causes." It is important to note that neither the admission sources/types nor the comorbidities categories are mutually exclusive. For example, a patient could be both "referred by his personal physician" and "admitted for elective procedure." Similarly, a patient could have secondary diagnoses of both cancer and diabetes.

Information Sources And Notes

We believe that when the mortality rate information is properly understood and applied, it can be very useful; it can also be misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital—postadmission mortality for Medicare beneficiaries.

Mortality information is not necessarily representative of a hospital's total performance in all aspects of patient care. Individual hospitals may have very good reasons for their rates being higher than the rates predicted by the HCFA model. For example, one hospital might have different death rates than another because its patient mix is not fully accounted for by the model.

Accordingly, we offered each hospital the opportunity to review their specific information and to provide comments to HCFA and the public, and we included those comments that were received timely at the end of this volume. Users should read the discussions about the uses and limitations of the mortality information found on page xiii, as well as any comments a hospital may have provided.

Hospitals In The Analysis

The hospitals included in this analysis are participating in Medicare as short-term, acute care facilities—all have a zero in the third position of their Medicare provider number. All other hospitals—those with something other than a zero in the third position of their provider number, such as rehabilitation facilities or psychiatric institutions—were excluded. This year, as in the past two years, we have also excluded hospices.

In some cases, we have included data for hospitals that closed, changed ownership, or changed management either during or subsequent to FY 1990. Our data included for those institutions reflects the situation as it existed at the time the hospitalizations analyzed occurred.

Data Sources

This report is based primarily on Medicare hospital billing information for Federal fiscal years 1988, 1989, and 1990. While the principal source of the data for the analysis was the HCFA-maintained Medicare Provider Analysis and Review (MEDPAR) file, which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit bills to HCFA's fiscal intermediaries (which handle claims for the inpatient care provided to Medicare beneficiaries) which, in turn, submit this information to HCFA. The file is updated on a quarterly basis. Our analysis was based on information available following the June 1991 update of the MEDPAR file. It is estimated that by that time (nine months after the close of the fiscal year), 98 percent of all Medicare discharges in FY 1990 are included in the file.

Possible Limitations Of The Data

In any large-scale data base, such as the one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. For example, last year some hospitals had not accurately reported the source or type of admission, and thus erroneous information was included in the analysis for those hospitals. However, the fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information that might be

missing or inaccurate is such a small portion of the total that it would have little effect on the results for national estimates. Nevertheless, it may substantially affect an individual hospital if it were the source of the inaccurate information.

While we feel that the information used in this analysis is thorough and complete, there are a few points to keep in mind as you review the mortality information.

The information used is billing data; it is only as good as the information submitted by hospitals as part of the payment process. Although there is always a possibility that coding errors are included, we assume that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly. We do know, however, that some hospitals submitted incomplete or erroneous data.

For example, following last year's public release of the hospital mortality data, several hospitals wrote to HCFA indicating that they had submitted incorrect data. Furthermore, they stated that if they had given us the correct information, their predicted mortality rates would have been higher than those presented in HCFA's report. Therefore, in this year's report we have annotated those hospitals' data pages with a footnote stating: "This hospital says that it submitted inaccurate data to Medicare and claims that its predicted mortality rate should be higher than that presented above." At this point, however, HCFA cannot confirm the validity of those hospitals' claims. The analysis results might very well be different if the data on which they were based were submitted accurately by those hospitals.

In our previous analysis of mortality data, we discovered that some States had zero admissions from a skilled nursing facility. While some of these problems were corrected on the MEDPAR files used for this analysis, at the time this study was initiated we found empirical evidence that some of the files still contained suspect information. The suspect data were identified by noting those months (date of discharge) and fiscal intermediaries for which the type and source of admission fields appeared to be interchanged. Based on our findings, we reversed these fields to at least partially correct the remaining discrepancies. The following list shows the specific instances for which the fields were reversed for this analysis.

TYPE AND SOURCE OF ADMISSION FLIPPED

FI No.	FI Name	Dates
00030	Arizona Blue Cross	10/01/86 — 12/31/88
00080	Maryland Blue Cross/DC	06/01/87 — 09/30/87
00190	Maryland Blue Cross	06/22/87 — 12/31/88
00400	Texas Blue Cross	12/07/87 — 12/31/88

How To Use This Information

There are several key points to remember about the use of this information. **First, it is important to understand that the difference between the hospitals' mortality rates and the predicted rates in the tables in this report may not be a direct measure of the quality of care rendered in the hospitals.**

Second, the usefulness of this information depends upon the accuracy with which mortality rates can be predicted. We do not currently have any direct measurement tool with which we can fully adjust for severity of patient illness differences among hospitals. For instance, two hospitals may have very different death rates for patients admitted for stroke, even after we have adjusted for age, sex, and several other factors. This might happen because one hospital's stroke patients may consist of a significant number who are admitted in a coma (and are thus more likely to die), whereas another hospital's patient population may represent a broader spectrum of patients with cerebrovascular problems, or because these two hospitals, in fact, do provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support, overall health status of the patient, etc.) are not included in the predictive model because information on them is not readily available.

Nevertheless, we believe that the information presented in this publication is an important contribution to the health care community and should be helpful to a wide range of individuals and organizations including consumers, hospital administrators, physicians, PROs, and researchers.

Use By Consumers — Some Key Questions

Consumers should read carefully the explanations of the uses and limitations of the information. Listed below are some questions that we recommend a consumer think about before choosing a hospital. Please keep in mind that this is not a comprehensive list, but it should serve to illustrate the types of questions that are important to consider.

- Why are the hospital's observed mortality rates for "All Causes" consistently and significantly above the predicted rates for FY 1990?

- Why are the hospital's observed mortality rates for the condition for which I need treatment or the procedure I will undergo consistently and significantly above the predicted rates for FY 1990?

- How does this hospital's pattern of mortality compare with that of other hospitals in the State and Nation?

- Is the number of cases too small to present a satisfactory picture of the hospital?

- Does the hospital treat a large number of cases in the category for which I need treatment?

- Does the hospital treat a large number of patients who have several co-existing illnesses or who otherwise are likely to be "sicker" than average?

Other Users Of This Publication

Among other users of this publication, we expect that the hospital administrator (in consultation with medical staff) will find the information most useful as a screening tool to evaluate a hospital's strengths and weaknesses. We know that some hospitals and their medical staffs, using established and newly emerging quality assessment techniques, are seeking information that will result in improved health care delivery.

Outside Assistance In Developing This Publication

The development and presentation of the Medicare Hospital Information report continues to be an important part of HCFA's responsibilities in the health care community. To make the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we believe that the models used in these analyses continue to be reasonable and appropriate.

In the past, we have conducted validation studies of our methodology. In general, these studies have found correlation between poor quality care and hospitals whose observed mortality rates significantly exceed the rates that would have been predicted. However, we have also found that detailed clinical data which more thoroughly characterize the severity of patient's illness, while they do not materially affect results describing the general pattern of mortality, do, in specific instances, alter our assessment of the comparison of the observed to the predicted mortality rates.

The format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals regarding their patient-specific data for earlier years and our previous mortality information reports. Many suggestions from these sources have been incorporated into this report.

We have carefully investigated comments from individual hospitals on apparent discrepancies or errors generated in previous years. These discrepancies rarely had an effect on a hospital's overall mortality rate. Most of these instances fell into the following two broad categories.

- **Inaccurate Date of Death** — We found that inpatient billing coding errors (e.g., a hospital bill indicating that the patient's status at time of discharge was "expired" when the patient had, in fact, left the hospital alive) created many of these errors. We now have mechanisms in place that allow a continuous update of HCFA's master file, thereby enabling us to make corrections.

- **Discrepant Case Counts** — Our analysis counts only one acute care discharge in a fiscal year; normally, hospitals count each discharge. Thus, a patient admitted three times in a year would count three times for the hospital, but only once for the purpose of analyzing Medicare hospital mortality data presented in this report.

We believe it is important for consumers of health care to have access to as much information about hospitals as possible when making health care choices. Along with hospital characteristics information, we have added this year information about the origin and length of stay of Medicare admissions. This information is presented for comparative purposes only and was not used in calculating a hospital's predicted mortality rates. These data were not part of the analyses, and any errors or discrepancies in them do not affect the predicted mortality rates.

ORIGIN OF MEDICARE ADMISSIONS

Data on the geographic origin of each hospital's patients are presented in this year's report. We obtained from the Health Insurance Master file the State and county of residence for each Medicare beneficiary discharged from a Medicare-certified, acute care hospital during FY 1990. We then compared that information with the location of the hospital to determine the percentage of all discharges where the patient lived within the same city/county as the hospital location, within the State where the hospital is located, or outside the State. The percentages are derived by dividing the number of discharges of beneficiaries in a geographic category by the total number of Medicare discharges from the hospital. Please note that these are percentages of total Medicare discharges, not of the mortality sample alone.

MEDICARE AVERAGE LENGTH OF STAY

We obtained from the MEDPAR file the total days of care—both Medicare covered and noncovered—and divided that total by the number of discharges from each hospital. Total, rather than covered, days were used because, under the Prospective Payment System (PPS), if a Medicare patient has at least one day of hospital coverage available to him in the current spell of illness, the hospital will be paid the full diagnosis related group (DRG) amount plus any approved outlier amount, regardless of the number of days actually used.

Example: Hospital A had 2,513 Medicare discharges with a total of 24,379 days.

Calculation: $\frac{24,379}{2,513} = 9.7$ days

The Medicare average length of stay is 9.7 days.

HOSPITAL CHARACTERISTICS

As noted previously, we have again included information on selected hospital characteristics such as the number of beds, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals, with the exception of the case mix index (CMI), which was derived from HCFA billing data. This file consists of information voluntarily reported by hospitals to the AHA. In instances where AHA data were unavailable, for example for hospitals that did not respond to the AHA survey, we derived the information from HCFA's Online Survey, Certification and Reporting system (OSCAR). The hospital characteristics and the specific special services listed were selected with the concurrence of the AHA as being those most meaningful to the Medicare population. Information on these specific data elements follows.

AHA Definitions (except for CMI)

Survey and Year — AHA 1990. Source is the American Hospital Association's 1990 Annual Survey of Hospital files.

Profile

Total beds (#) — Number of beds (including subacute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up, staffed, and ready for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.

Occupancy rate (percent) — Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)

Ownership/control — State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government.

Medicare discharges — The total number of inpatient discharges for Medicare patients for those hospitals selected for the mortality calculations, including all discharges for persons with more than one hospitalization during the year. (The mortality data include only one randomly selected discharge for each hospitalized enrollee. Therefore, this figure may reflect more discharges than the actual number of cases randomly selected for the mortality study.)

Case mix index (CMI) — A measure of the overall complexity of the Medicare cases treated by a given hospital compared to the complexity of the national average case mix. The CMI represents the relative costliness of each hospital's mix of cases compared to the national average mix of cases. A CMI of greater than one means that a hospital treats more complex cases than average. A CMI of less than one means that a hospital treats less complex cases than average. The CMI for each hospital is calculated on an annual basis. In this report, the CMI presented for each hospital is calculated based on its discharges in FY 1990.

A hospital's CMI is calculated by multiplying the number of cases in each DRG by the relative weight of that DRG, summing the products, and dividing the sum by the total number of cases for the year. For calculating the FY 1990 CMI, use the DRG relative weights published in the *Federal Register*, Volume 54, Number 169, pages 36468 ff., dated September 1, 1989.

Staffing (all AHA counts are as of 9/30/90)

Total number of physicians — Total active and associate medical staff.

Percent of physicians who are board-certified specialists — Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

Burn Unit — Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.

Cardiac Intensive Care — Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel, and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure,

open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

Comprehensive Geriatric — Provides diagnostic and evaluation services that determine elderly patients' long-term care needs. It includes the assessment of medical conditions, functional activities, and mental and emotional conditions, and incorporates these into a treatment plan which includes family and financial concerns as well as medical needs.

Hospice Care — A program providing primarily medical relief of pain and support services to terminally ill patients and assistance to their families in adjusting to the patients' illness and death.

Medical/Surgical Intensive Care — Provides nursing care to adult and/or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening conditions, require intensified, comprehensive observation and care. These units may also include cardiac care when such services are not approved in a distinct cardiac care unit. This category is called "intensive care unit" in OSCAR.

Organ/Tissue Transplant — The hospital has the necessary staff and equipment to perform the surgical removal of a viable human organ or tissue from a donor, either living or deceased, and the surgical grafting of the organ/tissue to a suitably evaluated and prepared patient.

Other Intensive Care — Provides nursing care to adult and/or pediatric patients with a specialized disease or condition of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Examples reported include oncology or spinal cord injuries. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment appropriate for the patients' specialized conditions.

Trauma Center — Provides emergency and specialized intensive care to critically injured patients.

Other Specialty/Hospital-Based Services

Alcohol/Drug — Hospital services for the medical care and/or rehabilitative treatment of outpatients whose primary diagnosis is alcoholism or other chemical dependency.

Rehabilitation — A unit having designated beds and providing a comprehensive array of multidisciplinary medical rehabilitation services.

Psychiatric — Care provided to emotionally disturbed, chronically mentally ill, mentally disordered, or other mentally incompetent patients on the basis of physicians' orders and approved nursing care plans. Beds must be set up and staffed in units specifically designated for this service.

Medicare Swing Beds — The hospital is certified by Medicare to provide "swing bed" services; that is, some acute care beds can be used for skilled nursing facility type care in the hospital for Medicare purposes.

OSCAR Definitions (except for CMI)

Survey and Year — HCFA, most recent year. Data were derived from the Online Survey, Certification and Reporting System (OSCAR).

Profile

Total beds (#) — Total number of operational beds eligible for Medicare payment.

Ownership/control — Church; private, nonprofit; other nonprofit; proprietary; Federal Government; State government; local government; and hospital district or authority.

Case mix index (CMI) — See definition shown in AHA "Profile" section.

Staffing

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

NOTE: There are no specific definitions of specialty services in OSCAR. Characteristics are self-reported by each hospital at initial Medicare certification and recertification, and are generally understood to parallel the explicit AHA definitions (above). The AHA categories "comprehensive geriatric" and "other intensive care" are not available in OSCAR. However, they may be included in the OSCAR category of other specialty services (not shown in table).

Coronary Care — See definition shown in AHA "Specialty Services" section.

Intensive Care Unit — See definition shown in AHA "Specialty Services" section. These units may also include other intensive care units in OSCAR reporting.

Organ Transplant — See definition shown in AHA "Organ/Tissue Transplant" section. May include tissue transplants because there is not a separate field in OSCAR for these services.

TECHNICAL INFORMATION

DATA SOURCES

The data analyzed in this report are obtained from the Medicare Provider Analysis and Review (MEDPAR) file for the fiscal years 1987-1990, which contains information on the hospital stays of Medicare beneficiaries. The principal sources of data for this file are the bills (known as HCFA-1450 or UB-82) submitted by the hospitals to HCFA through fiscal intermediaries. The MEDPAR file also contains data about the beneficiaries, such as age, sex, and date of death, which are obtained from the Social Security Administration, the Railroad Retirement Board, or the Office of Personnel Management.

Hospital stays with discharges in fiscal years 1988, 1989, and 1990 were used in these analyses. Hospital stays in 1987 were used only to characterize the prior admissions of the patients in the 1987 cohort. Only acute care hospital stays in short-term (general and specialty) hospitals were selected. These hospitals have a "0" in the third position of their Medicare provider number. Hospital stays in institutions (designated by a "9" in the fourth position of the provider number) and hospital stays in psychiatric units, rehabilitation units, swing-beds and alcohol/drug units (with "special unit codes" of S, T, U and V, respectively, in the third position) were excluded.

THE MORTALITY MODEL

For each beneficiary in each year one hospitalization was selected at random. Choosing a specific hospitalization is necessary to avoid multiple counting of the same death for that year. Selecting a random hospitalization instead of the first or last in the year produces mortality rates that are more representative of the rates that a hospital might calculate for its patients. Also, the mortality rates based on this random selection process reflect an intermediate position between the rates produced by the alternatives.

The selected hospital stays were analyzed separately by analytical category. The analytical categories were created by grouping ICD-9-CM diagnosis codes that had similar mortality patterns. The procedures for creating the analytical categories and the groups of ICD-9-CM diagnosis codes that defined them are detailed in the Technical Supplement.

The mortality experience of the patients was evaluated as a function of time within 365 days of the admission. The factors included in the mortality model used to evaluate each patient's probabilities of death are given in Table 3. They consist of demographic characteristics (age and sex), major comorbidities (chronic diseases likely to have been present at admission and believed to

complicate management and increase the likelihood of an adverse outcome), prior admissions (grouped into five risk or severity levels) within the 6 months preceding the admission evaluated, admission type (emergent, elective, etc.), and admission source (referral from the physician's office, the nursing facility, etc.). The specific reason for the admission (the principal diagnosis) and the performance of selected surgical procedures were additional factors used in the estimation of the predicted probability of death (see below).

The observed mortality rate for a hospital was calculated by means of the lifetable method ("The LIFETEST Procedure," Chapter 22, SAS User's Guide: Statistics, Version 5 Edition, pages 529-557).

ANALYTIC TECHNIQUES

A time-to-event or survival model with explanatory or concomitant variables was used to ascertain the influence of the patient characteristics listed above on the probability of death. A feature of such a model is allowance for "right censored" observations. Generally, these are events or outcomes which would have occurred but for some interference that prevents further observation. In the present analysis, "right censoring" occurs when a patient is withdrawn alive from the study April 1, 1991 or at the end of the followup period of 365 days.

The survival function, S(t), is one of several equivalent ways of expressing the model. Another form uses the cumulative distribution function or the mortality function

$$F(t) = 1 - S(t).$$

Another useful formulation of these models is the hazard function, h(t), also known as the force of mortality or risk function. The hazard is the rate of decrease in the number of survivors relative to the number of survivors at a specific time. Mathematically, the hazard function is

$$h(t) = -\frac{1}{S(t)}\frac{dS(t)}{dt} = -\frac{d\ln(S(t))}{dt}.$$

The probability density function, f(t), commonly used in statistical texts can be expressed as follows:

$$f(t) = \frac{dF(t)}{dt} = h(t)S(t).$$

The area under the survival curve is the expected value for t. In some cases, the area under the survival curve is restricted to an interval $0\text{-}t_1$ where t_1 might be one year, for example.

The specific time-to-event or survival model used in the present analysis is Bailey's modification of the Makeham model. The survival function for the Bailey-Makeham model is

$$S(t) = \exp\left\{-\delta t - \left(\frac{\alpha}{\gamma}\right)(1 - \exp(-\gamma t))\right\}$$

where

$$\alpha = \exp(\alpha_0+\alpha_1 x_1+\ldots+\alpha_i x_i+\ldots+\alpha_k x_k)$$
$$\gamma = \exp(\gamma_0+\gamma_1 x_1+\ldots+\gamma_i x_i+\ldots+\gamma_k x_k)$$
$$\delta = \exp(\delta_0+\delta_1 x_1+\ldots+\delta_i x_i+\ldots+\delta_k x_k)$$

are the expressions for each of the structural parameters α, γ, and δ in terms of the k concomitant variables x_i and their associated component parameters α_i, γ_i, and δ_i for i=1, 2,..., k and three intercepts or component parameters α_0, γ_0, and δ_0. The structural parameter δ is the long-term risk which is approached as $t \rightarrow \infty$. The structural parameter α is the initial excess risk which decays with rate constant γ.

For the survival function given above, the risk or hazard function has an especially tractable form of an exponential decay which approaches a long-term risk, δ. The hazard function corresponding to the survival function above is

$$h(t) = \alpha\exp(-\gamma t) + \delta \, .$$

The estimation of the component parameters was carried out in a series of steps in which those covariates which had estimable and statistically significant ($p<0.05$) influences of the probability of death were identified for inclusion in the model. As the model for each of the 23 risk categories was estimated separately, different lists of covariates were used for the final core models.

This first step was followed by the estimation of the additional contribution of specific principal diagnoses in each risk category. In these analyses, the effects of the patient characteristics included in the core models were corrected for. Only those principal diagnoses were retained which were estimable and had more than 900 cases (more than 300 for codes identified by year). Similarly, after adjustment for the effects of both the variables in the core model and the principal diagnoses, correction terms were calculated to estimate the additional information about the probability of death associated with the categorization of the patients into the clinical groups used for the presentation of the data in the mortality tables (see below). These correction terms were negligible for the medical categories but substantial for the surgical categories.

Once the component parameters or regression coefficients α_i, γ_i, and δ_i have been estimated, the predicted probability of patient death at any specified time after admission, 1-S(t), may be calculated for all individuals. To obtain the predicted mortality rate up to a given time for a hospital, it is then only necessary to average over the predicted probabilities of death of its patients to that time.

The analytical categories are useful for grouping the patients into relatively risk-homogeneous strata for the regressions. However, to gain insights into patterns of practice at hospitals, the data are presented for patients grouped into clinically meaningful medical and surgical categories. The 17 clinical categories used in the mortality tables and defined in Table 1 were identified by the Institute of Medicine as being of particular medical and epidemiologic interest.

Estimation of the Standard Deviation for Predicted Mortality

The standard deviation of the predicted mortality rate is used to assess how statistically different the observed mortality rate is from the rate predicted by the national experience with like patients. The standard deviation depends, in fact, on the variance of the residual or the difference between the observed, P, and predicted, $\hat{\Theta}$, mortality rates.

The residual has four components V_1, V_2 , V_3, and V_4 where V_1 is the variance of the estimate of the predicted probability of death. This computationally intensive term was negligible for nearly all cases, compared to other components of variance. Consequently, this term was not included in the present analysis.

V_2 is the binomial variance for n patients

$$V_2 = \frac{\hat{\Theta}\left(1 - \hat{\Theta}\right)}{n}.$$

V_3 is the variation among hospitals not explained by the mortality regression models containing the patient characteristics described above.

$$V_3 = \widehat{\mathrm{Var}(\Theta)} = \left(1 - \frac{1}{n}\right) \widehat{M_2(\Theta)}$$

where

$$\widehat{M_2(\Theta)} = \left\{ \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics and} \\ \text{adjustment for hospital effects} \end{array} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics,} \\ \text{but omitting the hospital specific effects} \end{array} \right) \right\}^2 \left(\frac{1}{z_p^2} \right)$$

The quantity z_p corresponds to the statistical significance (p-value) of the hospital-specific effect.

V_4 is the variation not explained by the mortality regression models which each include, in addition, an indicator variable for the hospital:

$$V_4 = \left\{ \left(\text{Observed mortality} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics, and} \\ \text{adjustment for the hospital specific effects} \end{array} \right) \right\}^2 .$$

(The regression coefficients of the indicator variable for the hospital are a measure of the influence on the probability of patient death of factors not otherwise specified in the model. These factors include severity of illness not adequately reported on by the patient characteristics deduced from the claims data and the hospital's pattern of practice; i.e., performance.)

The standard deviation given in the mortality tables is just

$$SD = \sqrt{V_2 + V_3 + V_4}.$$

STANDARDIZED MORTALITY RATIO (SMR)

Another method of evaluating a hospital's performance—the Standardized Mortality Ratio (SMR)—is obtained by dividing the observed mortality rate by the predicted mortality rate. An SMR of one means the observed and predicted mortality are equal. A ratio greater than one means the observed mortality exceeds the predicted. A ratio less than one means the observed mortality is less than expected. The more extreme the ratio (significantly greater than one indicating unusually high mortality and significantly less than one indicating unusually low mortality), the greater the attention which should be paid to the results of this mortality report.

For each of the conditions and procedures, selected percentiles for the observed distribution of the SMR are displayed in Table 4. The selected percentiles provide benchmarks for comparison. For example, for a hospital

with 300 cases in the "All Causes" category, with observed mortality of 12.2 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 12.2/10.0 = 1.22.

Note that an SMR of one means the observed and predicted mortality are equal, while a ratio greater than one means the observed mortality exceeds the predicted, and a ratio less than one means the observed mortality is less than expected. There will be greater interest in the more extreme ratios, either greater than one — excessively high mortality — or less than one — extremely low mortality.

From Table 4 for FY 1990, we find that the ratio is just below the 75th percentile of 1.23. Hence, slightly under 75 percent of the hospitals have an SMR less than that found at this hospital.

However, for a hospital with 900 cases in the "All Causes" category, with observed mortality of 19.3 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 19.3/10.0 = 1.93.

Since the SMR of 1.93 is greater than the 97.5 percentile of 1.35 (Table 4 for 750 or more cases), there is cause for concern. To further assess this, we examine the displayed data in terms of the measure of uncertainty, the standard deviation.

Measures of Uncertainty

In principle, to use the standard normal approximations to determine prediction intervals, an adjustment must be applied for the skewness and kurtosis inherent in a mortality rate when the rate is considerably less than 50 percent and the number of cases is small. Table 5 presents the multiplicative factors, based on the binomial distribution, for the standard deviation needed to construct prediction intervals for the mortality rates at confidence levels of 75, 95 and 99 percent. Because of the approximations involved in the estimation of the skewness and kurtosis corrections, their precision decreases as the number of cases and the mortality rate decrease; i.e., as the value of the correction increases. In addition, because of simplifications and approximations in the estimation of the standard deviation, the precision of the multiplicative factors given in Table 5 exceeds the precision of the estimate of the standard deviation. Hence, the following rule-of-thumb represents an adequate approximation to the factors in Table 5 and an adequate guide to the **statistical meaningfulness** of the difference between the observed and the predicted mortality rates.

To illustrate the use of Table 5, consider a hospital with 75 cases and a predicted mortality of 13.0 percent with a standard deviation of 5.0 percent. Overall, for hospitals with patients with characteristics similar to those of this hospital, we would expect the actual or observed mortality rate to lie, 95 percent of the time, either between 13.0 percent and 22.9 percent if the actual is larger than the predicted, or between 3.3 percent and 13.0 percent if the actual is less than the predicted. That is because 22.9 percent = 13.0 percent + 1.98 x 5.0 percent, the factor 1.98 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Upper Bound," the row "75" for the number of cases, and, by interpolation, between the "10 percent" and the "20 percent" predicted mortality rate columns. Similarly, 3.3 percent = 13.0 percent - 1.94 x 5.0 percent, the factor -1.94 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Lower Bound" and the corresponding row and columns.

Therefore, in comparing the actual and predicted rates, more attention should be given to the hospital whose observed mortality rate lies beyond the bounds calculated for the 99 percent prediction interval than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 95 percent prediction interval. Likewise, more attention should be given to that hospital than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 75 percent prediction interval.

For the graphs, the observed mortality and an approximate 95 percent prediction interval are displayed. The prediction interval has bounds at the predicted mortality plus 2 times the standard deviation and at the predicted minus 2 times the standard deviation.

In the mortality rate tables, the observed and predicted mortality rates and the standard deviation as a measure for statistical importance of the difference are displayed for the overall and each of the conditions and procedures.

How To Obtain Medicare Hospital Information

The publication has been widely distributed to State health organizations and hospital and medical associations. The publication is available to the public for purchase in 55 volumes, with each volume being sold separately through the Government Printing Office (GPO). More detailed information about the purchase of this publication may be obtained by contacting:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
Telephone: (202) 783-3238

As in prior years, the information appearing in the Medicare Hospital Information report is available in machine-readable/electronic format (tape and diskette). The Medicare Hospital Information public use file provides the published information as contained in the 55-volume hardcopy publication, except that the AHA's hospital characteristics are not on this file. Hospital characteristics from HCFA files (OSCAR) are provided instead. The files contain additional information which is useful for supplemental analyses: averages by hospital, MSA, and State for each of the variables used in the model, mortality rates for 15, 30, 60, 90 and 180 days, and cross-reference files which relate State, MSA, and ICD-9-CM codes used to a name. These data should allow analysts to assess an individual hospital's performance in comparison to all hospitals in the State or applicable MSA.

Also available to **hospitals** in machine-readable format is their patient-specific data that were used in the report. These data include the patient variables used in the analysis (e.g., the number and severity level of prior hospitalizations considered by the methodology, admission source and type, etc.) and the predicted probability of death at each time interval for each individual included in the study. With these data it is possible for hospitals to better understand their statistics. **Due to confidentiality considerations, requests for patient-specific data must be forwarded on hospital letterhead, must include the institution's Medicare provider number, and must be signed by the hospital administrator.**

For information about obtaining Medicare Hospital Information electronic media data, please contact HCFA's Bureau of Data Management and Strategy at:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Statistics and Data Management
3-A-10 Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207
Telephone: (410) 597-5151

Table 1

DIAGNOSTIC AND PROCEDURE CATEGORIES

The following lists the ICD-9-CM diagnostic and procedure codes used to classify and group patients for presentation

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Heart Disorders/Procedures	
Acute Myocardial Infarction (AMI)	All of 410 (D) (on 10/1/89 exclude 410 with 5th digit of a 2)
Note: *For code 410 a 5th digit was added on October 1, 1989.*	
Congestive Heart Failure (CHF)	398.91, 402.01, 402.11, 402.91, 428.0, 428.1, 428.9 (all D)
Angioplasty (ANGPLSTY)	All of 36.0 (P) excluding 36.00, 36.03, 36.04, 36.09 (all P)
Note: *Code 36.0 had a 4th digit added on October 1, 1986. Code 36.0 got digits of 0, 1, 2, 3, and 9, and code 36.04 got some previously coded cases of 39.97. On October 1, 1987, code 36.01 was divided into 36.01 and 36.05, and some cases from 36.02 were put into 36.05.*	
Coronary Artery Bypass Graft (CABG)	All of 36.1(P) and not Angioplasty (see above)
Pacemaker Insertion, Initial (PACE)	37.73, 37.74, 37.75, 37.77 (after 10/1/87 use 37.70 through 37.73) (all P)
Note: *Code 37.70 was restructured on October 1, 1987. Previously the code contained both leads and devices. On October 1 these were separated and devices were coded as 37.80 through 37.83, and codes for the leads were changed into various 37.70 codes.*	

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Pulmonary Disorders	
Pneumonia/Influenza (PNU)	All of 480, all of 481, 482.2, 482.3, 482.9, 483, 485, 486, 487.0 (all D)
Chronic Obstructive Pulmonary (COPD)	All of 491, all of 492, all of 494, Disease all of 496; and 466.0, 518.82, 518.5, and 786.09 when there is a secondary diagnosis of any 496 (all D)
Note: *Code 518.8 got a 5th digit on October l, 1987. Some cases from 799.1 were put into codes 518.81 and 518.82.*	
Cerebrovascular Disorders/Procedures	
Transient Cerebral Ischemia (TCI)	433.1, 433.3, 435 (D) and exclude those patients with an endarterectomy at the time of admission—38.12(P)
Stroke (STK)	431, 434 through 434.9, 436 (all D)
Carotid Endarterectomy (ENDART)	38.12 (P) with 433.1 (D); 433.3 (D) or 435(D) as a principal diagnosis
Musculoskeletal Disorders/Procedures	
Fracture of Neck of Femur (FXHIP)	All of 820 (D)
Hip Replacement/Revision (HIPREP)	81.5, 81.6 (exclude 81.69) (all P). On 10/1/89 code 81.51 (P) through 81.53 (P) with same diagnoses.
Open Reduction of Fractured Femur (OPRDUX)	79.35(P) on condition of 820 (D) as principal diagnosis

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Genitourinary Disorders/Procedures	
Prostatectomy (PROS)	60.2, 60.3 through 60.69 (all P)
Hysterectomy (HYS)	68.3 through 68.7 (P)
Gastrointestinal Disorders/Procedures	
Cholecystectomy (CHOLOTMY)	51.22 (P)
Sepsis	
Sepsis	003.1, 020.2, 022.3, 036.2, 036.3, 036.89, 036.9, 038.0, 038.1, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9, 054.5

Table 2

COMORBIDITY CONDITIONS

(all are D codes)

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.91
Chronic cardiovascular disease	412-414.9, 426-429.1
Chronic liver disease	571-572.8
Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
Chronic diabetes	250.01, 250.1-250.91
Chronic pulmonary disease	491-493.91, 496
Cerebrovascular degeneration	290-290.9, 294-299.9

Table 3

EXPLANATORY VARIABLES FOR THE MORTALITY MODEL

Generally the same variables are used for all diagnostic categories.

Demographics

SXFM — An indicator variable: = 1 if Female, 0 otherwise

AGEFM = AGESP if SXFM = 1, 0 otherwise
AGEML = AGESP if SXFM = 0, 0 otherwise

where

$$AGESP = \text{sign}(W-65)\left(\left|\frac{W-65}{65}\right|\right)^{1.44}$$

and

$$W = \left\{ \begin{array}{c} 23 \text{ if } AGE \leq 23 \\ AGE \text{ if } 23 < AGE < 100 \\ 100 \text{ if } 100 \leq AGE \end{array} \right\}$$

Comorbidities		**ICD-9-CM Codes**
(Indicator variables = 1 if comorbidity present on current or prior admission with discharge within 6 months prior to current admission, 0 otherwise)		
CCA	Cancer	141-160.9, 162-172.9, 174-208.91
CCV	Chronic cardiovascular disease	412-414.9, 426-429.1
CLV	Chronic liver disease	571-572.8
CRN	Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
CDI	Chronic diabetes	250.01, 250.1-250.91
COP	Chronic pulmonary disease	491-493.91, 496
CCE	Cerebrovascular degeneration	290-290.9, 294-299.9

Co Occurrence of Comorbidities

COP_CCV	1 if COP = 1 and CCV = 1, 0 otherwise
CCA_CCV	1 if CCA = 1 and CCV = 1, 0 otherwise
COP_CCA	1 if COP = 1 and CCA = 1, 0 otherwise
CCE_CCV	1 if CCE = 1 and CCV = 1, 0 otherwise
CRN_CCV	1 if CRN = 1 and CCV = 1, 0 otherwise

Admission Sources and Types

(Indicator variables = 1 if source or type present, 0 otherwise)

PREF	Patient referred by personal or HMO physician
TRSNF	Patient transferred from skilled nursing facility
ELCT	Patient admitted for elective procedure
EMRG	Patient admitted for emergency

Co-Occurrence of Admission Source and Type

PREF_ELEC = 1 if PREF = 1 and ELCT = 1, 0 otherwise

Previous Hospitalizations

P_RISK1	Number at 1st risk level with 3 or more set to 3
P_RISK2	Number at 2nd risk level with 3 or more set to 3
P_RISK3	Number at 3rd risk level with 3 or more set to 3
P_RISK4	Number at 4th risk level with 4 or more set to 4
P_RISK5	Number at 5th risk level with 3 or more set to 3
F(T)	Probability of death from previous admission if discharge within 182 days of current admission, 0 otherwise

Time Trend

FLAG89	1 if discharge in FY1989, 0 otherwise
FLAG90	1 if discharge in FY1990, 0 otherwise
INYEAR	Difference between current admission date and April 1 of fiscal year of discharge

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1990

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2645	0.45	0.88	1.04	1.23	1.72	0.56	0.90	1.03	1.17	1.54	0.61	0.90	1.02	1.15	1.46
OVERALL(>= 750 CASES)	2684	0.73	0.91	0.99	1.09	1.35	0.79	0.94	1.01	1.09	1.28	0.82	0.94	1.01	1.08	1.24
CONDITIONS																
AMI	1405	0.54	0.80	0.95	1.11	1.42	0.62	0.86	0.99	1.14	1.44	0.63	0.86	0.99	1.13	1.39
CHF	2335	0.43	0.79	0.98	1.17	1.64	0.60	0.85	0.99	1.13	1.49	0.66	0.89	1.00	1.13	1.41
PNEUMONIA/INFLUENZA	2428	0.41	0.78	0.97	1.18	1.68	0.53	0.84	1.00	1.17	1.55	0.57	0.86	1.01	1.16	1.50
COPD	435	0.00	0.63	0.97	1.34	2.06	0.30	0.78	1.02	1.26	1.74	0.40	0.82	1.01	1.24	1.69
TRANS. CEREBRAL ISCHEMIA	404	0.00	0.00	0.83	1.34	3.20	0.00	0.48	0.85	1.31	2.27	0.21	0.60	0.90	1.21	2.05
STROKE	1789	0.53	0.79	0.95	1.13	1.56	0.61	0.84	0.98	1.13	1.47	0.65	0.87	0.99	1.12	1.42
HIP FRACTURE	1199	0.21	0.67	0.93	1.27	2.10	0.40	0.76	0.94	1.19	1.80	0.47	0.78	0.97	1.16	1.64
SEPSIS	254	0.51	0.79	0.96	1.12	1.50	0.65	0.86	0.99	1.13	1.47	0.69	0.89	1.01	1.15	1.44
PROCEDURES																
ANGIOPLASTY	425	0.00	0.49	0.89	1.33	2.66	0.00	0.60	0.93	1.36	2.34	0.00	0.63	0.97	1.34	2.14
CABG	556	0.20	0.68	1.03	1.39	2.45	0.28	0.73	1.00	1.32	2.09	0.28	0.73	1.01	1.30	2.10
PACEMAKER	112	0.00	0.41	0.72	1.37	3.25	0.20	0.61	0.90	1.21	2.17	0.21	0.65	0.84	1.16	1.87
CAROTID ENDARTERECTOMY	73	0.00	0.00	0.85	1.33	2.90	0.00	0.14	0.74	1.28	2.43	0.00	0.42	0.86	1.38	2.86
HIP REPLACEMENT	763	0.00	0.53	0.94	1.44	2.77	0.19	0.67	0.96	1.31	2.12	0.26	0.71	0.94	1.26	1.91
REDUCT. OF HIP FRACTURE	276	0.00	0.56	0.86	1.22	2.05	0.31	0.68	0.92	1.19	1.76	0.38	0.77	0.96	1.12	1.58
PROSTATECTOMY	1576	0.00	0.00	0.73	1.57	3.56	0.00	0.49	0.91	1.40	2.63	0.00	0.57	0.92	1.29	2.21
CHOLECYSTECTOMY	714	0.00	0.49	0.95	1.54	2.68	0.00	0.62	0.93	1.37	2.22	0.22	0.67	0.98	1.27	1.93
HYSTERECTOMY	113	0.00	0.00	0.00	2.00	6.69	0.00	0.00	0.76	1.70	3.59	0.00	0.24	0.75	1.27	2.91

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1989

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2746	0.50	0.87	1.04	1.23	1.73	0.58	0.89	1.03	1.17	1.54	0.61	0.89	1.01	1.14	1.44
OVERALL(>= 750 CASES)	2669	0.71	0.90	1.00	1.09	1.35	0.79	0.94	1.01	1.08	1.28	0.82	0.95	1.01	1.07	1.24
CONDITIONS																
AMI	1412	0.53	0.81	0.96	1.12	1.47	0.59	0.86	1.01	1.15	1.47	0.63	0.87	1.00	1.14	1.43
CHF	2293	0.47	0.80	0.97	1.18	1.69	0.58	0.86	1.00	1.14	1.48	0.66	0.89	1.02	1.14	1.40
PNEUMONIA/INFLUENZA	2179	0.45	0.77	0.97	1.19	1.67	0.54	0.85	1.01	1.18	1.55	0.60	0.86	1.02	1.18	1.51
COPD	324	0.21	0.68	0.99	1.32	2.13	0.44	0.78	1.04	1.27	1.91	0.49	0.84	1.04	1.24	1.66
TRANS. CEREBRAL ISCHEMIA	420	0.00	0.00	0.79	1.41	3.26	0.00	0.46	0.88	1.33	2.36	0.18	0.60	0.92	1.25	1.97
STROKE	1728	0.53	0.80	0.95	1.12	1.56	0.62	0.85	0.97	1.11	1.46	0.67	0.88	0.99	1.13	1.40
HIP FRACTURE	1126	0.24	0.67	0.95	1.30	2.04	0.39	0.75	0.98	1.21	1.71	0.46	0.78	0.97	1.18	1.59
SEPSIS	174	0.52	0.79	0.94	1.10	1.52	0.63	0.88	1.02	1.15	1.46	0.68	0.93	1.05	1.16	1.43
PROCEDURES																
ANGIOPLASTY	370	0.00	0.46	0.84	1.35	2.55	0.00	0.55	0.88	1.33	2.52	0.00	0.61	0.94	1.32	2.44
CABG	501	0.21	0.65	1.00	1.47	2.57	0.23	0.69	1.00	1.33	2.29	0.32	0.74	1.01	1.33	2.21
PACEMAKER	91	0.00	0.52	0.74	1.12	2.31	0.00	0.56	0.83	1.15	2.14	0.20	0.68	0.81	1.16	1.87
CAROTID ENDARTERECTOMY	55	0.00	0.00	0.82	1.51	5.01	0.00	0.47	0.86	1.31	4.00	0.00	0.43	0.85	1.28	3.12
HIP REPLACEMENT	686	0.00	0.52	0.92	1.44	2.46	0.00	0.65	0.94	1.27	1.95	0.21	0.67	0.94	1.19	1.75
REDUCT. OF HIP FRACTURE	246	0.19	0.57	0.91	1.23	1.96	0.31	0.71	0.96	1.19	1.74	0.41	0.78	0.96	1.13	1.53
PROSTATECTOMY	1570	0.00	0.00	0.67	1.50	3.46	0.00	0.47	0.86	1.36	2.67	0.00	0.58	0.93	1.28	2.15
CHOLECYSTECTOMY	680	0.00	0.53	0.94	1.53	2.90	0.00	0.62	0.97	1.36	2.15	0.22	0.66	0.95	1.26	1.98
HYSTERECTOMY	101	0.00	0.00	0.00	1.80	5.44	0.00	0.00	0.78	1.60	4.21	0.00	0.00	0.91	1.38	2.99

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1988

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2838	0.46	0.89	1.05	1.23	1.75	0.54	0.90	1.03	1.16	1.57	0.59	0.90	1.02	1.14	1.45
OVERALL(>= 750 CASES)	2693	0.73	0.90	1.00	1.10	1.35	0.79	0.94	1.01	1.09	1.27	0.82	0.95	1.01	1.08	1.24
CONDITIONS																
AMI	1414	0.56	0.82	0.96	1.12	1.41	0.63	0.87	1.01	1.14	1.42	0.65	0.89	1.00	1.13	1.39
CHF	2246	0.45	0.79	0.97	1.18	1.61	0.60	0.86	1.00	1.14	1.43	0.68	0.90	1.02	1.13	1.37
PNEUMONIA/INFLUENZA	2069	0.44	0.79	0.97	1.17	1.68	0.57	0.85	1.01	1.17	1.59	0.61	0.87	1.01	1.16	1.53
COPD	310	0.21	0.67	0.92	1.30	2.17	0.39	0.79	0.98	1.20	1.81	0.51	0.82	0.99	1.19	1.59
TRANS. CEREBRAL ISCHEMIA	495	0.00	0.00	0.84	1.48	2.94	0.00	0.48	0.92	1.39	2.28	0.21	0.60	0.92	1.27	1.92
STROKE	1726	0.51	0.79	0.95	1.12	1.56	0.60	0.84	0.98	1.13	1.44	0.64	0.88	1.00	1.13	1.42
HIP FRACTURE	1119	0.24	0.65	0.96	1.27	2.07	0.40	0.78	0.98	1.21	1.77	0.47	0.80	0.98	1.17	1.64
SEPSIS	133	0.58	0.77	0.92	1.08	1.64	0.56	0.86	1.00	1.13	1.54	0.67	0.88	1.02	1.14	1.53
PROCEDURES																
ANGIOPLASTY	297	0.00	0.50	0.87	1.35	2.60	0.00	0.59	0.91	1.34	2.50	0.00	0.65	0.95	1.31	2.25
CABG	478	0.21	0.68	0.98	1.39	2.40	0.32	0.73	1.00	1.36	2.12	0.38	0.75	1.01	1.31	2.04
PACEMAKER	83	0.00	0.34	0.65	1.04	1.75	0.01	0.54	0.85	1.03	1.70	0.23	0.69	0.87	1.10	1.57
CAROTID ENDARTERECTOMY	69	0.00	0.00	0.60	1.23	3.30	0.00	0.33	0.62	1.09	2.50	0.00	0.44	0.68	1.16	1.87
HIP REPLACEMENT	670	0.00	0.49	0.95	1.40	2.65	0.00	0.66	1.01	1.31	2.15	0.24	0.70	0.96	1.24	1.87
REDUCT. OF HIP FRACTURE	259	0.00	0.61	0.91	1.26	2.16	0.38	0.74	0.96	1.21	1.94	0.44	0.77	0.96	1.16	1.79
PROSTATECTOMY	1619	0.00	0.00	0.78	1.53	3.69	0.00	0.54	0.92	1.39	2.57	0.00	0.61	0.93	1.30	2.21
CHOLECYSTECTOMY	642	0.00	0.50	0.96	1.44	3.04	0.00	0.61	0.96	1.36	2.26	0.25	0.66	0.96	1.27	2.01
HYSTERECTOMY	90	0.00	0.00	0.00	1.57	5.00	0.00	0.00	0.68	1.43	2.83	0.00	0.28	0.67	1.15	2.88

TABLE 5: MULTIPLICATIVE FACTORS FOR THE CALCULATION OF THE BOUNDS FOR PREDICTION INTERVALS

(n is the number of cases at your hospital and p is the predicted mortality rate)

	99% Prediction Interval					95% Prediction Interval					75% Prediction Interval				
	Factor for Upper Bound					Factor for Upper Bound					Factor for Upper Bound				
p n	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
25	2.95	2.73	2.68	2.63	2.59	2.15	2.04	2.01	1.99	1.97	1.17	1.16	1.16	1.15	1.15
50	2.76	2.65	2.63	2.60	2.58	2.05	2.00	1.99	1.97	1.96	1.16	1.15	1.15	1.15	1.15
75	2.70	2.63	2.61	2.59	2.58	2.02	1.99	1.98	1.97	1.96	1.16	1.15	1.15	1.15	1.15
100	2.67	2.61	2.60	2.59	2.58	2.01	1.98	1.97	1.97	1.96	1.16	1.15	1.15	1.15	1.15
150	2.64	2.60	2.59	2.59	2.58	1.99	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.62	2.60	2.59	2.58	2.58	1.98	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
300	2.61	2.59	2.58	2.58	2.58	1.98	1.97	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
400	2.60	2.59	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
500	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
750	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
1000	2.59	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
5000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
	Factor for Lower Bound					Factor for Lower Bound					Factor for Lower Bound				
p n	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
25	-2.21	-2.42	-2.48	-2.52	-2.56	-1.77	-1.88	-1.91	-1.93	-1.95	-1.13	-1.14	-1.14	-1.15	-1.15
50	-2.39	-2.50	-2.53	-2.55	-2.57	-1.87	-1.92	-1.93	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
75	-2.45	-2.52	-2.54	-2.56	-2.57	-1.90	-1.93	-1.94	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
100	-2.48	-2.54	-2.55	-2.56	-2.57	-1.91	-1.94	-1.95	-1.95	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
150	-2.51	-2.55	-2.56	-2.57	-2.57	-1.93	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	-2.53	-2.56	-2.56	-2.57	-2.57	-1.94	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
300	-2.54	-2.56	-2.57	-2.57	-2.57	-1.94	-1.95	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
400	-2.55	-2.57	-2.57	-2.57	-2.57	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
500	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
750	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
1000	-2.57	-2.57	-2.57	-2.57	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	-2.57	-2.57	-2.57	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
5000	-2.57	-2.58	-2.58	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15

Medicare Hospital Information

BECKLEY APPALACHIAN REGIONAL HOSPITAL

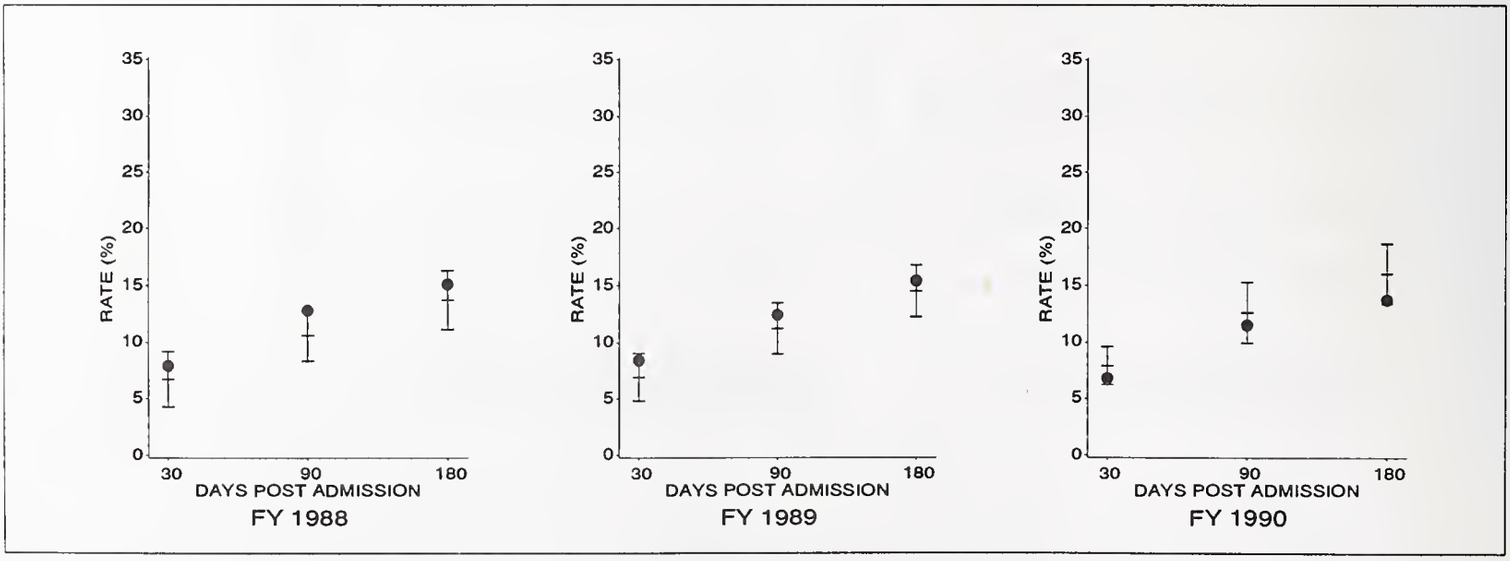
306 STANAFORD RD
BECKLEY, WV 25801
Medicare Provider Number: 510062

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1300	6.8	7.9	0.8	11.5	12.6	1.3	13.7	16.0	1.3
CONDITIONS:										
Acute Myocardial Infarction	26	23.1	27.6	-----	26.9	30.0	-----	26.9	32.6	-----
Congestive Heart Failure	60	10.0	12.1	4.6	20.0	19.4	5.3	23.3	24.8	5.8
Pneumonia/Influenza	70	15.7	16.1	4.7	20.0	22.4	6.0	28.6	26.6	6.5
Chronic Obstructive Pulmonary Disease	12	0.0	4.3	-----	0.0	7.7	-----	16.7	10.7	-----
Transient Cerebral Ischemia	4	25.0	2.3	-----	25.0	4.3	-----	25.0	6.2	-----
Stroke	44	9.1	17.3	-----	13.6	24.7	-----	13.6	28.9	-----
Hip Fracture	20	0.0	9.2	-----	0.0	16.6	-----	15.0	21.3	-----
Sepsis	15	13.3	19.0	-----	26.7	26.3	-----	33.3	31.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	2.2	-----	0.0	5.2	-----	0.0	8.2	-----
Carotid Endarterectomy	11	0.0	2.2	-----	0.0	4.0	-----	0.0	5.6	-----
Hip Replacement/Reconstruction	7	0.0	3.7	-----	14.3	6.9	-----	28.6	9.2	-----
Open Reduction of Hip Fracture	12	0.0	9.8	-----	0.0	18.3	-----	8.3	23.7	-----
Prostatectomy	37	0.0	0.9	-----	2.7	1.9	-----	2.7	3.2	-----
Cholecystectomy	22	0.0	1.7	-----	0.0	3.0	-----	4.5	4.0	-----
Hysterectomy	3	0.0	0.1	-----	0.0	0.2	-----	0.0	0.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BECKLEY APPALACHIAN REGIONAL HOSPITAL

Medicare Provider Number: 510062

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	68.4 years
Proportion female	51.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	57.9 %
Transferred from skilled nursing facility	0.8 %
Admitted for elective procedure	0.7 %
Admitted for emergency	90.8 %

COMORBIDITIES:

Cancer	8.5 %
Chronic cardiovascular disease	39.0 %
Chronic liver disease	1.6 %
Chronic renal disease	2.6 %
Chronic pulmonary disease	36.1 %
Cerebrovascular degeneration	8.6 %
Diabetes mellitus	6.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	56.7%
State	41.4%
Outside State	1.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	221
Occupancy Rate	44.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	48.6 %
Case Mix Index (CMI)	1.1687

STAFFING:

Total Number of Physicians	50
Percent of Physicians Board Certified Specialists	68.0 %
Medical Residents/Interns	0
Registered Nurses	63
Licensed Practical Nurses	52

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

BECKLEY HOSPITAL

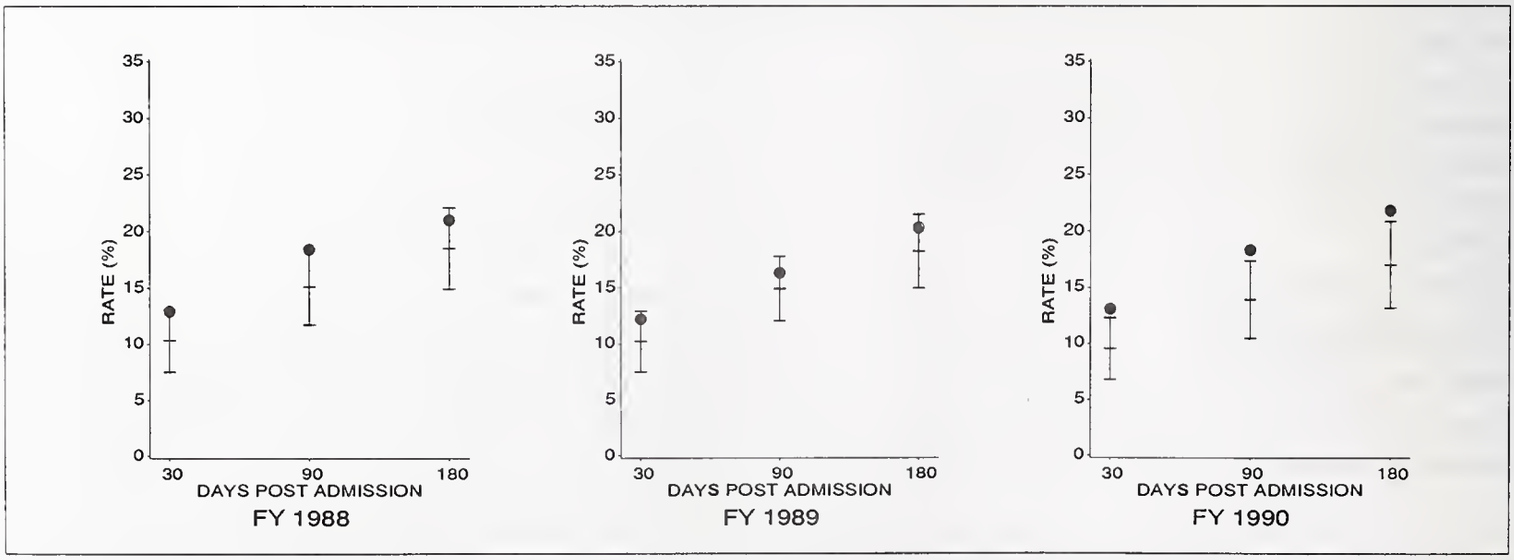
1007 SOUTH OAKWOOD AVE
BECKLEY, WV 25801
Medicare Provider Number: 510066

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	916	13.1	9.5	1.4	18.3	13.9	1.7	21.8	17.0	1.9
CONDITIONS:										
Acute Myocardial Infarction	43	27.9	25.2	-----	32.6	27.7	-----	37.2	30.0	-----
Congestive Heart Failure	48	29.2	15.0	-----	31.2	23.3	-----	35.4	29.4	-----
Pneumonia/Influenza	79	26.6	17.8	7.7	34.2	24.0	9.4	36.7	28.0	9.4
Chronic Obstructive Pulmonary Disease	23	17.4	6.0	-----	21.7	10.6	-----	26.1	14.3	-----
Transient Cerebral Ischemia	41	7.3	1.8	-----	9.8	4.0	-----	12.2	6.3	-----
Stroke	45	28.9	17.8	-----	33.3	24.7	-----	40.0	28.5	-----
Hip Fracture	25	8.0	6.6	-----	8.0	11.3	-----	12.0	14.5	-----
Sepsis	12	0.0	22.4	-----	0.0	30.2	-----	16.7	34.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	1.8	-----	0.0	3.5	-----	0.0	5.1	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	8	0.0	7.0	-----	0.0	12.8	-----	0.0	16.2	-----
Open Reduction of Hip Fracture	12	8.3	5.6	-----	8.3	9.9	-----	8.3	13.2	-----
Prostatectomy	24	4.2	0.5	-----	8.3	1.1	-----	8.3	2.1	-----
Cholecystectomy	29	0.0	2.4	-----	3.4	4.1	-----	3.4	5.1	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.3	-----	0.0	0.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BECKLEY HOSPITAL
Medicare Provider Number: 510066

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.3 years
Proportion female	61.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	28.4 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	24.9 %
Admitted for emergency	68.4 %

COMORBIDITIES:

Cancer	3.9 %
Chronic cardiovascular disease	45.6 %
Chronic liver disease	0.9 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	29.0 %
Cerebrovascular degeneration	2.7 %
Diabetes mellitus	6.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	74.6%
State	23.8%
Outside State	1.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.2 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	94
Occupancy Rate	57.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	60.1 %
Case Mix Index (CMI)	1.0965

STAFFING:

Total Number of Physicians	30
Percent of Physicians Board Certified Specialists	46.7 %
Medical Residents/Interns	0
Registered Nurses	36
Licensed Practical Nurses	34

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

BLUEFIELD REGIONAL MEDICAL CENTER

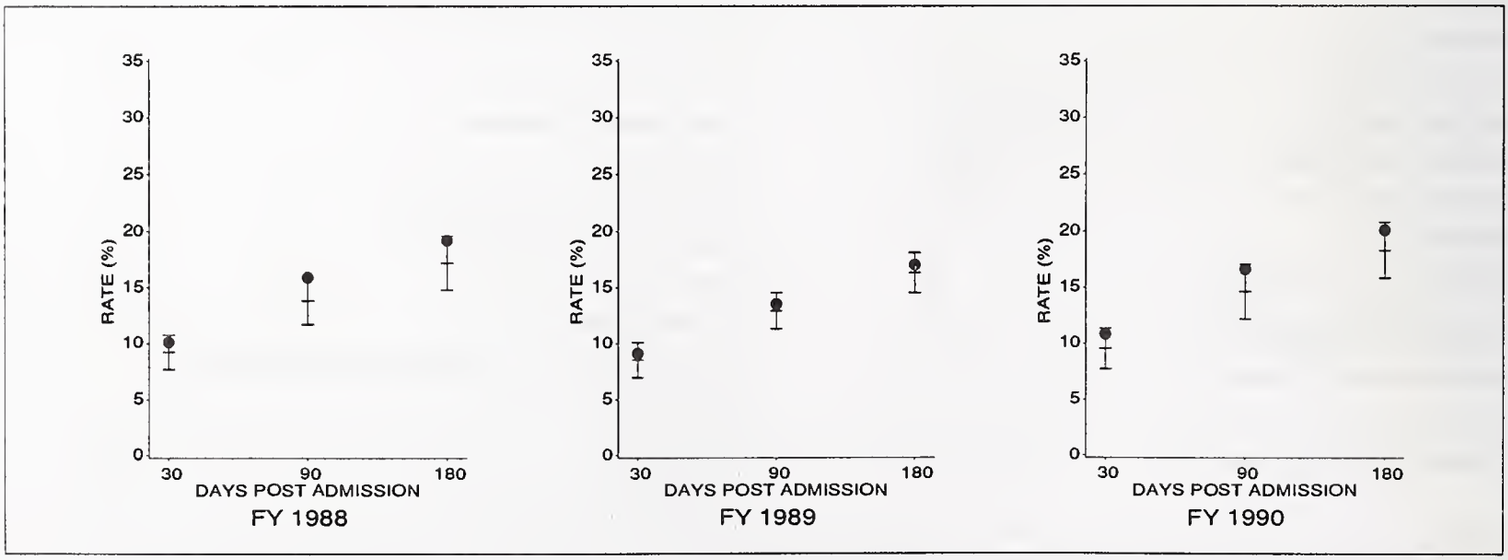
500 CHERRY ST
BLUEFIELD, WV 24701
Medicare Provider Number: 510071

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	2046	10.8	9.5	0.9	16.6	14.6	1.2	20.1	18.3	1.2
CONDITIONS:										
Acute Myocardial Infarction	78	17.9	25.5	6.3	20.5	28.2	6.7	21.8	30.9	7.1
Congestive Heart Failure	76	14.5	13.4	4.2	25.0	21.1	6.6	31.6	27.2	6.7
Pneumonia/Influenza	69	17.4	13.3	5.2	27.5	18.6	8.2	29.0	22.5	8.2
Chronic Obstructive Pulmonary Disease	47	6.4	6.0	-----	12.8	11.3	-----	17.0	15.4	-----
Transient Cerebral Ischemia	19	5.3	1.5	-----	5.3	3.3	-----	10.5	5.4	-----
Stroke	65	12.3	15.5	5.9	18.5	20.6	6.8	18.5	23.9	6.7
Hip Fracture	73	8.2	4.6	3.8	12.3	8.1	5.9	17.8	10.8	7.8
Sepsis	52	23.1	22.5	6.2	30.8	32.1	7.0	32.7	37.6	8.2
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	12	0.0	3.7	-----	0.0	6.2	-----	8.3	8.3	-----
Carotid Endarterectomy	5	0.0	1.6	-----	0.0	3.1	-----	0.0	4.6	-----
Hip Replacement/Reconstruction	50	8.0	3.3	-----	14.0	6.1	-----	22.0	8.4	-----
Open Reduction of Hip Fracture	39	5.1	4.3	-----	7.7	7.6	-----	10.3	10.2	-----
Prostatectomy	55	5.5	0.9	1.9	5.5	2.2	2.6	9.1	3.9	3.1
Cholecystectomy	66	4.5	2.5	2.4	12.1	4.7	5.4	12.1	6.3	4.7
Hysterectomy	25	0.0	0.3	-----	0.0	0.7	-----	0.0	1.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BLUEFIELD REGIONAL MEDICAL CENTER

Medicare Provider Number: 510071

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.7 years
Proportion female	55.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.7 %
Transferred from skilled nursing facility	0.4 %
Admitted for elective procedure	9.8 %
Admitted for emergency	4.1 %

COMORBIDITIES:

Cancer	9.7 %
Chronic cardiovascular disease	38.1 %
Chronic liver disease	0.9 %
Chronic renal disease	3.3 %
Chronic pulmonary disease	24.1 %
Cerebrovascular degeneration	3.9 %
Diabetes mellitus	10.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	45.1%
State	27.6%
Outside State	27.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.1 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	265
Occupancy Rate	50.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	43.0 %
Case Mix Index (CMI)	1.3324

STAFFING:

Total Number of Physicians	68
Percent of Physicians Board Certified Specialists	83.8 %
Medical Residents/Interns	0
Registered Nurses	182
Licensed Practical Nurses	81

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

BOONE MEMORIAL HOSPITAL

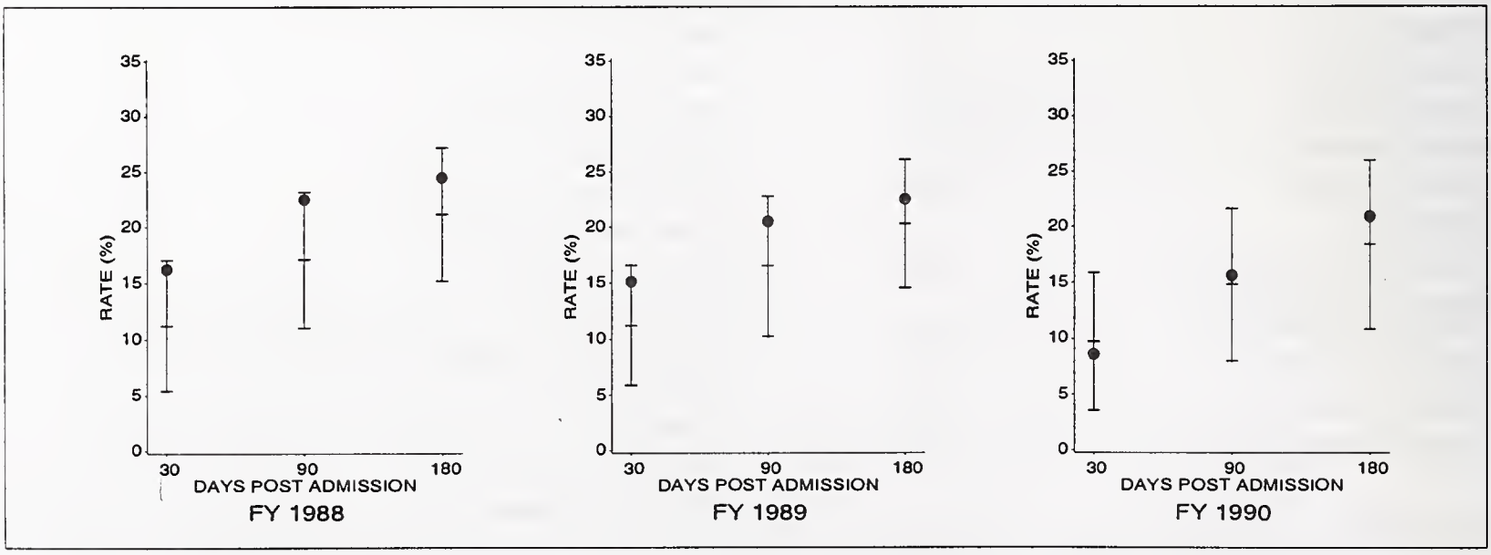
701 MADISON AVE
MADISON, WV 25130
Medicare Provider Number: 510015

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	244	8.6	9.7	3.1	15.6	14.8	3.4	20.9	18.4	3.8
CONDITIONS:										
Acute Myocardial Infarction	10	20.0	26.9	-----	20.0	30.1	-----	20.0	33.4	-----
Congestive Heart Failure	13	7.7	10.3	-----	15.4	16.6	-----	15.4	21.7	-----
Pneumonia/Influenza	19	47.4	18.4	-----	47.4	25.1	-----	57.9	29.1	-----
Chronic Obstructive Pulmonary Disease	11	0.0	9.3	-----	9.1	16.7	-----	36.4	22.7	-----
Transient Cerebral Ischemia	4	0.0	1.2	-----	0.0	2.8	-----	0.0	4.7	-----
Stroke	5	20.0	16.8	-----	20.0	21.3	-----	20.0	24.7	-----
Hip Fracture	0									
Sepsis	3	33.3	19.4	-----	33.3	30.1	-----	66.7	34.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BOONE MEMORIAL HOSPITAL
Medicare Provider Number: 510015

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.6 years
Proportion female	59.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	0.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	7.0 %
Chronic cardiovascular disease	28.7 %
Chronic liver disease	0.8 %
Chronic renal disease	0.8 %
Chronic pulmonary disease	20.9 %
Cerebrovascular degeneration	1.6 %
Diabetes mellitus	8.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	80.4%
State	18.4%
Outside State	1.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	38
Occupancy Rate	50.0 %
Ownership/Control	Local Government
Medicare Discharges	51.0 %
Case Mix Index (CMI)	1.0086

STAFFING:

Total Number of Physicians	32
Percent of Physicians Board Certified Specialists	90.6 %
Medical Residents/Interns	0
Registered Nurses	16
Licensed Practical Nurses	6

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

BRAXTON COUNTY MEMORIAL HOSPITAL

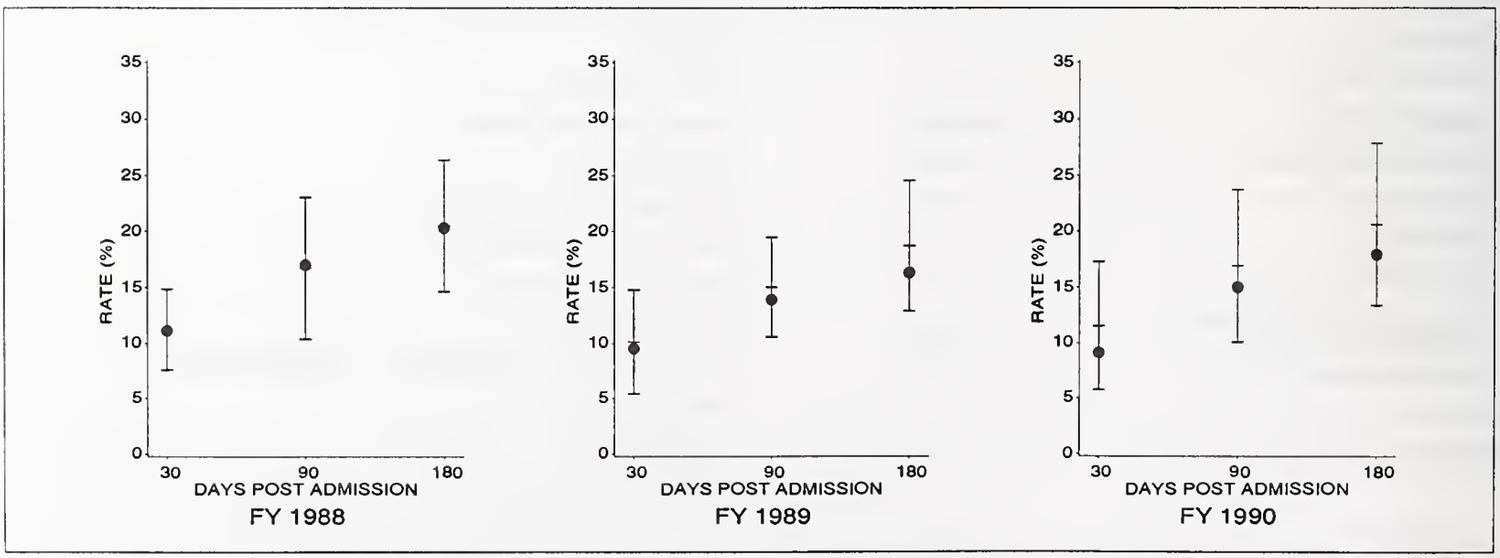
100 HAYLMAN DRIVE
GASSAWAY, WV 26624
Medicare Provider Number: 510084

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	274	9.1	11.5	2.9	15.0	16.9	3.4	17.9	20.6	3.6
CONDITIONS:										
Acute Myocardial Infarction	14	21.4	32.8	-----	21.4	38.6	-----	21.4	42.3	-----
Congestive Heart Failure	20	15.0	14.8	-----	35.0	22.8	-----	55.0	28.8	-----
Pneumonia/Influenza	19	21.1	25.2	-----	21.1	34.5	-----	21.1	38.4	-----
Chronic Obstructive Pulmonary Disease	2	0.0	3.1	-----	0.0	6.4	-----	0.0	10.2	-----
Transient Cerebral Ischemia	8	0.0	3.0	-----	12.5	6.7	-----	12.5	11.0	-----
Stroke	9	0.0	17.7	-----	0.0	22.0	-----	0.0	25.2	-----
Hip Fracture	0									
Sepsis	9	33.3	32.1	-----	55.6	44.2	-----	55.6	50.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	7	0.0	1.0	-----	14.3	2.7	-----	14.3	4.7	-----
Cholecystectomy	2	0.0	0.4	-----	0.0	0.7	-----	0.0	0.9	-----
Hysterectomy	3	0.0	0.1	-----	0.0	0.4	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BRAXTON COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 510084

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.9 years
Proportion female	61.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	18.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	4.0 %
Admitted for emergency	76.7 %

COMORBIDITIES:

Cancer	7.6 %
Chronic cardiovascular disease	38.9 %
Chronic liver disease	1.1 %
Chronic renal disease	1.8 %
Chronic pulmonary disease	22.2 %
Cerebrovascular degeneration	7.6 %
Diabetes mellitus	10.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.6%
State	20.0%
Outside State	2.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	30
Occupancy Rate	36.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	50.4 %
Case Mix Index (CMI)	1.0079

STAFFING:

Total Number of Physicians	5
Percent of Physicians Board Certified Specialists	20.0 %
Medical Residents/Interns	0
Registered Nurses	16
Licensed Practical Nurses	3

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

BROADDUS HOSPITAL ASSOCIATION

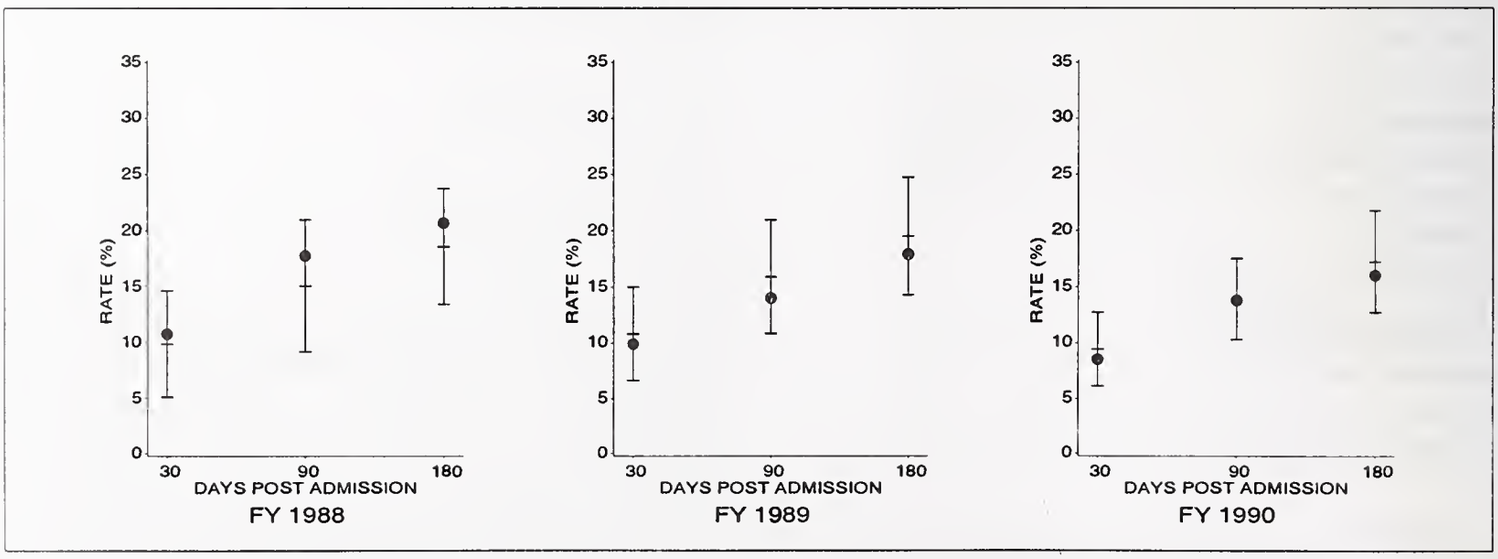
COLLEGE HILL
PHILIPPI, WV 26416
Medicare Provider Number: 510009

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	399	8.5	9.4	1.7	13.8	13.9	1.8	16.0	17.2	2.3
CONDITIONS:										
Acute Myocardial Infarction	18	16.7	32.5	-----	27.8	35.8	-----	38.9	38.4	-----
Congestive Heart Failure	18	22.2	14.1	-----	38.9	22.3	-----	38.9	28.7	-----
Pneumonia/Influenza	36	16.7	18.0	-----	25.0	24.8	-----	27.8	28.7	-----
Chronic Obstructive Pulmonary Disease	9	0.0	5.2	-----	0.0	9.6	-----	11.1	13.6	-----
Transient Cerebral Ischemia	9	0.0	3.8	-----	0.0	8.6	-----	0.0	13.2	-----
Stroke	11	9.1	18.8	-----	27.3	24.2	-----	27.3	27.4	-----
Hip Fracture	9	11.1	8.0	-----	22.2	14.8	-----	22.2	18.9	-----
Sepsis	7	28.6	19.1	-----	28.6	24.4	-----	28.6	27.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	25.0	15.9	-----	25.0	22.5	-----	75.0	25.7	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	9	11.1	7.1	-----	22.2	13.6	-----	22.2	17.8	-----
Prostatectomy	13	0.0	2.0	-----	7.7	4.9	-----	7.7	8.0	-----
Cholecystectomy	10	10.0	1.9	-----	10.0	3.7	-----	10.0	5.2	-----
Hysterectomy	2	0.0	0.2	-----	0.0	0.4	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BROADDUS HOSPITAL ASSOCIATION

Medicare Provider Number: 510009

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.0 years
Proportion female	58.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	7.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	67.7 %

COMORBIDITIES:

Cancer	3.0 %
Chronic cardiovascular disease	34.3 %
Chronic liver disease	0.3 %
Chronic renal disease	6.3 %
Chronic pulmonary disease	12.8 %
Cerebrovascular degeneration	2.5 %
Diabetes mellitus	11.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	62.6%
State	35.5%
Outside State	1.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	61
Occupancy Rate	31.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.0985

STAFFING:

Total Number of Physicians	12
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	35
Licensed Practical Nurses	9

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

CABELL-HUNTINGTON HOSPITAL INC

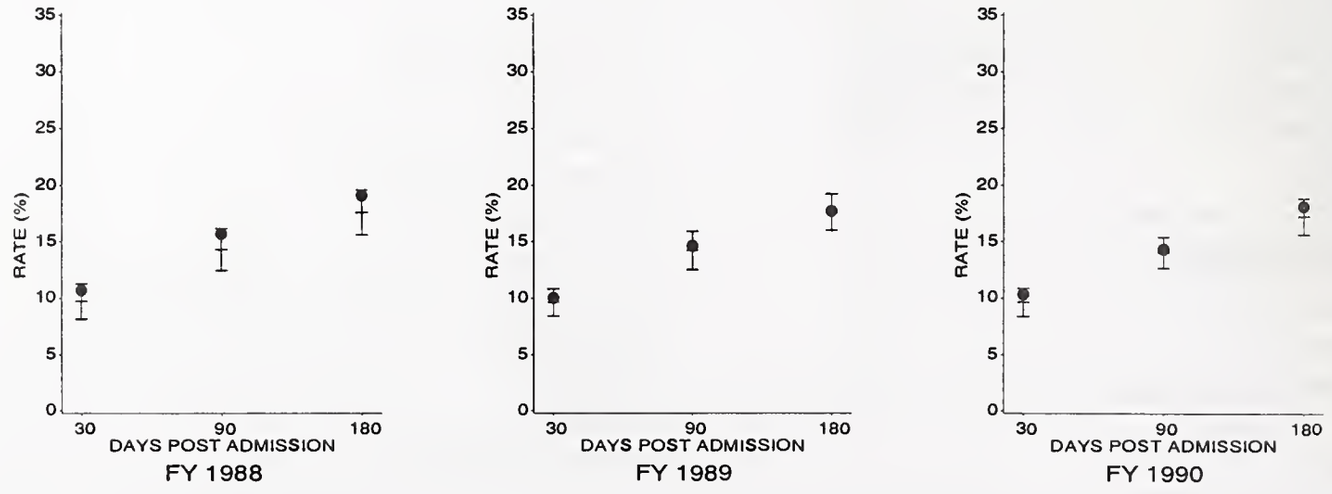
1340 HAL GREER BLVD
HUNTINGTON, WV 25701
Medicare Provider Number: 510055

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	2678	10.3	9.6	0.6	14.3	14.0	0.7	18.1	17.2	0.8
CONDITIONS:										
Acute Myocardial Infarction	119	27.7	26.8	4.5	32.8	29.9	5.1	35.3	32.7	4.9
Congestive Heart Failure	103	11.7	15.0	4.8	18.4	23.3	6.5	29.1	29.2	6.2
Pneumonia/Influenza	154	21.4	18.6	3.5	25.3	25.6	3.6	31.2	29.9	3.8
Chronic Obstructive Pulmonary Disease	57	12.3	7.5	4.2	15.8	12.9	4.6	24.6	17.0	6.4
Transient Cerebral Ischemia	31	3.2	1.4	-----	3.2	3.1	-----	6.5	5.0	-----
Stroke	113	25.7	23.1	4.4	28.3	29.2	4.3	32.7	33.0	4.6
Hip Fracture	72	5.6	7.3	3.9	12.5	12.8	4.0	18.1	16.4	4.7
Sepsis	27	33.3	32.6	-----	44.4	40.2	-----	63.0	45.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	10	0.0	2.3	-----	0.0	5.2	-----	0.0	8.1	-----
Carotid Endarterectomy	14	0.0	0.9	-----	7.1	1.9	-----	7.1	3.0	-----
Hip Replacement/Reconstruction	37	5.4	5.0	-----	10.8	9.0	-----	10.8	11.9	-----
Open Reduction of Hip Fracture	24	4.2	6.1	-----	4.2	11.1	-----	8.3	14.6	-----
Prostatectomy	58	0.0	1.2	1.7	3.4	2.7	2.7	3.4	4.5	2.9
Cholecystectomy	55	1.8	2.6	4.3	5.5	5.2	4.1	7.3	7.2	3.9
Hysterectomy	32	0.0	0.4	-----	0.0	0.9	-----	0.0	1.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CABELL-HUNTINGTON HOSPITAL INC

Medicare Provider Number: 510055

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	60.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	33.1 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	22.3 %
Admitted for emergency	65.7 %

COMORBIDITIES:

Cancer	4.5 %
Chronic cardiovascular disease	34.9 %
Chronic liver disease	0.6 %
Chronic renal disease	3.8 %
Chronic pulmonary disease	16.4 %
Cerebrovascular degeneration	4.5 %
Diabetes mellitus	9.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	52.8%
State	31.8%
Outside State	15.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	298
Occupancy Rate	70.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	30.1 %
Case Mix Index (CMI)	1.1685

STAFFING:

Total Number of Physicians	189
Percent of Physicians Board Certified Specialists	75.1 %
Medical Residents/Interns	0
Registered Nurses	341
Licensed Practical Nurses	70

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	Yes
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

CALHOUN GENERAL HOSPITAL COUNTY INC

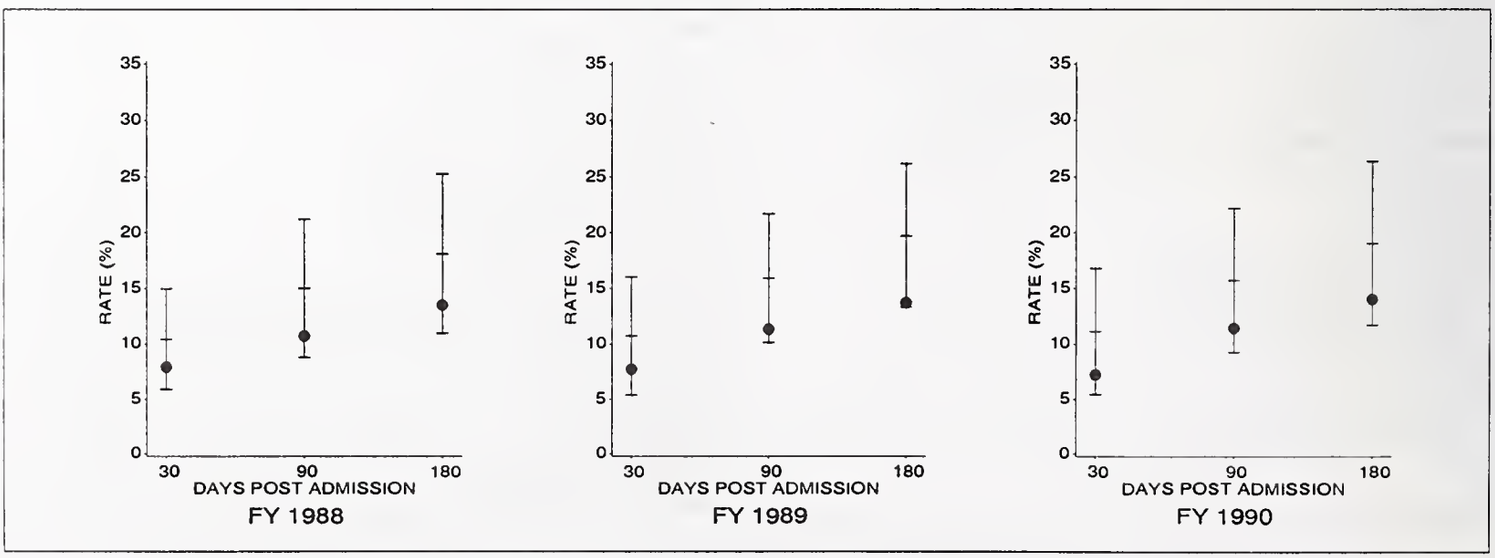
PO BOX 130
GRANTSVILLE, WV 26147
Medicare Provider Number: 510063

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	264	7.2	11.1	2.9	11.4	15.7	3.2	14.0	19.0	3.7
CONDITIONS:										
Acute Myocardial Infarction	9	11.1	37.2	-----	11.1	39.6	-----	22.2	42.2	-----
Congestive Heart Failure	19	5.3	13.1	-----	5.3	20.4	-----	10.5	25.8	-----
Pneumonia/Influenza	28	3.6	13.5	-----	3.6	18.3	-----	3.6	21.5	-----
Chronic Obstructive Pulmonary Disease	8	12.5	7.4	-----	25.0	12.9	-----	25.0	17.2	-----
Transient Cerebral Ischemia	3	0.0	3.5	-----	0.0	7.3	-----	0.0	10.7	-----
Stroke	12	16.7	22.3	-----	25.0	27.5	-----	25.0	31.1	-----
Hip Fracture	1	0.0	2.4	-----	0.0	4.7	-----	0.0	6.5	-----
Sepsis	3	33.3	27.6	-----	33.3	33.7	-----	33.3	37.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	8	0.0	0.7	-----	0.0	1.6	-----	0.0	3.0	-----
Cholecystectomy	3	0.0	3.0	-----	0.0	5.1	-----	0.0	6.1	-----
Hysterectomy	1	0.0	0.6	-----	0.0	1.4	-----	0.0	2.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CALHOUN GENERAL HOSPITAL COUNTY INC

Medicare Provider Number: 510063

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.2 years
Proportion female	58.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	28.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	70.5 %

COMORBIDITIES:

Cancer	4.2 %
Chronic cardiovascular disease	45.8 %
Chronic liver disease	0.4 %
Chronic renal disease	0.4 %
Chronic pulmonary disease	29.5 %
Cerebrovascular degeneration	1.1 %
Diabetes mellitus	3.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	58.5%
State	39.8%
Outside State	1.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.8 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	30
Occupancy Rate	26.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	53.3 %
Case Mix Index (CMI)	1.0728

STAFFING:

Total Number of Physicians	5
Percent of Physicians Board Certified Specialists	40.0 %
Medical Residents/Interns	0
Registered Nurses	12
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

CAMDEN CLARK MEMORIAL HOSPITAL

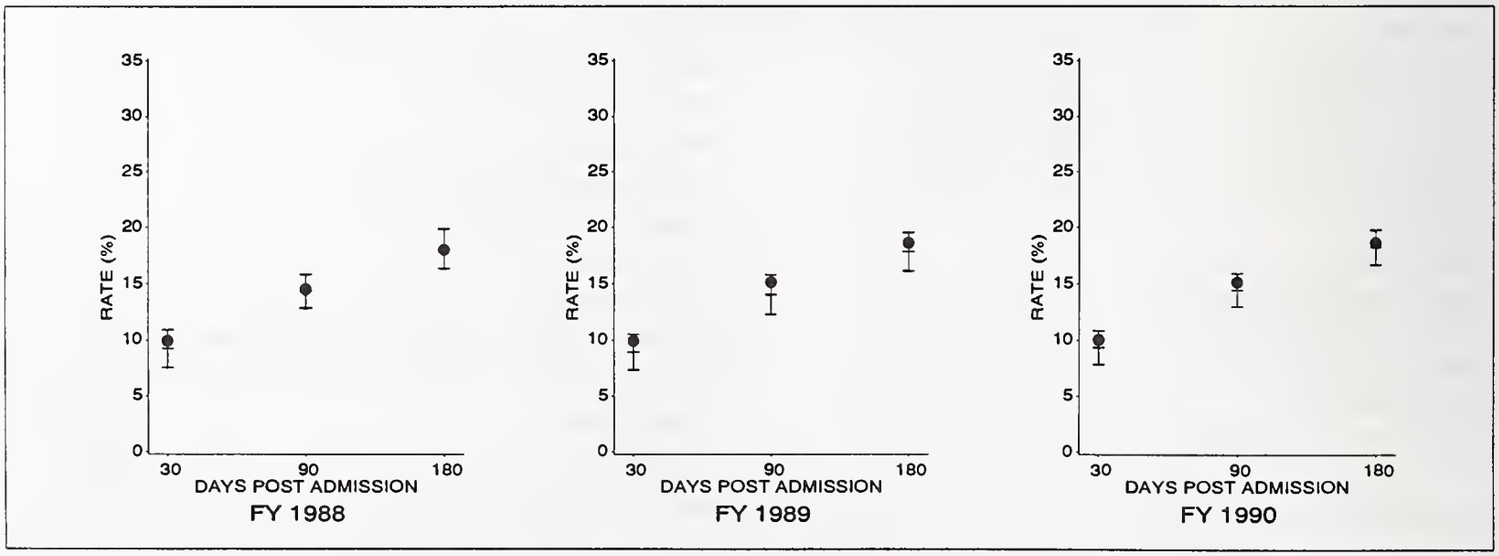
800 GARFIELD AVE
PARKERSBURG, WV 26105
Medicare Provider Number: 510058

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	2741	10.0	9.3	0.8	15.1	14.4	0.7	18.6	18.2	0.8
CONDITIONS:										
Acute Myocardial Infarction	93	29.0	28.2	5.3	31.2	31.3	4.9	32.3	34.1	5.2
Congestive Heart Failure	172	18.0	15.3	4.9	26.7	24.1	4.0	32.0	30.4	4.1
Pneumonia/Influenza	143	19.6	17.8	3.6	25.2	24.1	3.8	28.7	28.0	3.9
Chronic Obstructive Pulmonary Disease	81	6.2	7.0	2.9	11.1	12.3	3.8	14.8	16.5	4.8
Transient Cerebral Ischemia	58	1.7	1.9	1.8	5.2	4.3	3.6	5.2	6.8	4.6
Stroke	96	26.0	19.9	7.4	31.3	27.0	7.3	37.5	30.9	6.7
Hip Fracture	57	5.3	7.0	4.3	10.5	12.1	4.9	14.0	15.6	5.1
Sepsis	21	14.3	32.3	-----	14.3	45.0	-----	28.6	51.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	33.3	7.5	-----	33.3	14.2	-----	33.3	19.1	-----
Carotid Endarterectomy	18	5.6	1.1	-----	5.6	2.1	-----	11.1	3.2	-----
Hip Replacement/Reconstruction	43	0.0	4.6	-----	2.3	8.5	-----	7.0	11.0	-----
Open Reduction of Hip Fracture	27	11.1	6.7	-----	18.5	11.6	-----	18.5	15.2	-----
Prostatectomy	100	1.0	1.2	1.2	2.0	2.9	1.9	2.0	4.8	3.7
Cholecystectomy	80	7.5	2.8	2.6	13.7	5.8	4.0	15.0	8.3	4.2
Hysterectomy	29	0.0	0.6	-----	0.0	1.3	-----	0.0	1.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CAMDEN CLARK MEMORIAL HOSPITAL
Medicare Provider Number: 510058

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.9 years
Proportion female	57.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	40.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	17.2 %
Admitted for emergency	64.6 %

COMORBIDITIES:

Cancer	10.9 %
Chronic cardiovascular disease	39.6 %
Chronic liver disease	1.1 %
Chronic renal disease	2.2 %
Chronic pulmonary disease	16.3 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	6.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	63.3%
State	20.7%
Outside State	16.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	259
Occupancy Rate	68.0 %
Ownership/Control	Local Government
Medicare Discharges	45.1 %
Case Mix Index (CMI)	1.1849

STAFFING:

Total Number of Physicians	90
Percent of Physicians Board Certified Specialists	48.9 %
Medical Residents/Interns	0
Registered Nurses	197
Licensed Practical Nurses	82

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

CHARLESTON AREA MEDICAL CENTER

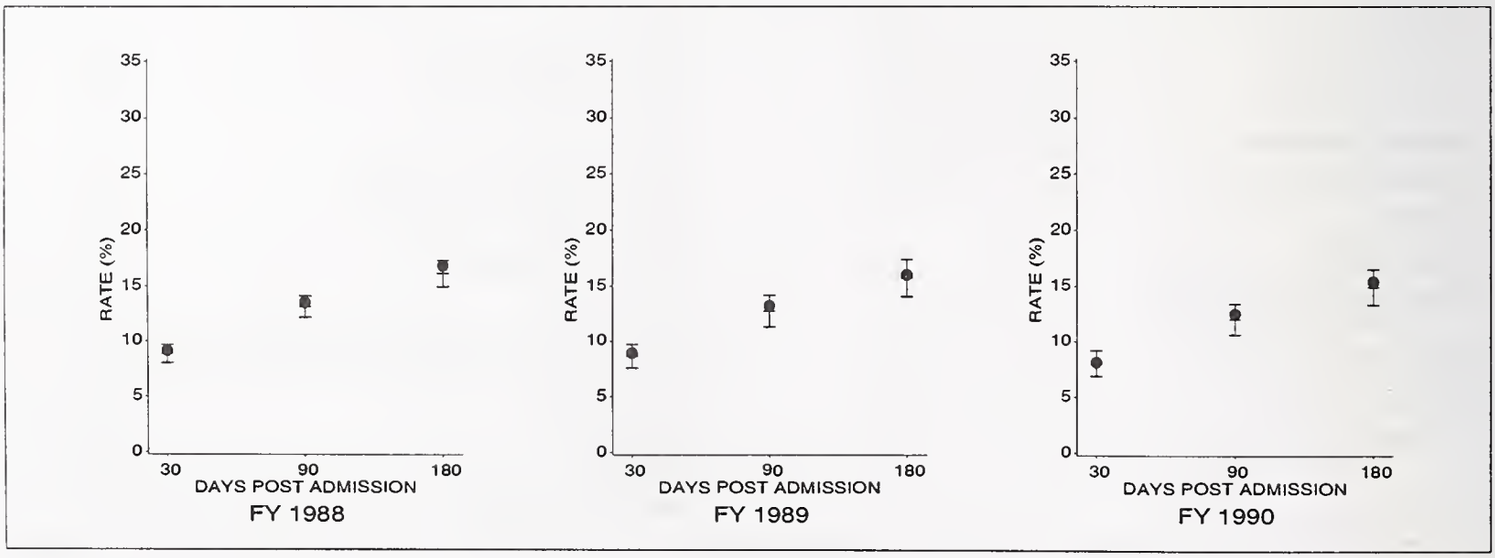
BROOKS & WASHINGTON ST
CHARLESTON, WV 25325
Medicare Provider Number: 510022

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	6807	8.1	8.0	0.6	12.5	12.0	0.7	15.4	14.9	0.8
CONDITIONS:										
Acute Myocardial Infarction	323	21.7	23.2	2.7	24.8	26.2	2.8	27.9	28.8	3.2
Congestive Heart Failure	250	16.0	15.3	2.7	25.2	24.4	3.2	31.6	30.9	3.0
Pneumonia/Influenza	183	17.5	17.2	3.3	24.6	23.6	3.2	30.1	27.6	4.0
Chronic Obstructive Pulmonary Disease	96	5.2	7.0	4.2	13.5	12.3	4.6	17.7	16.5	4.0
Transient Cerebral Ischemia	94	2.1	1.3	1.7	5.3	2.9	2.2	8.5	4.7	3.1
Stroke	223	23.8	19.6	3.6	29.6	25.6	3.3	33.2	29.1	3.5
Hip Fracture	196	3.6	5.8	2.5	7.1	10.4	4.1	10.2	13.6	4.6
Sepsis	59	32.2	25.9	6.4	39.0	33.7	7.5	44.1	38.4	7.9
PROCEDURES:										
Angioplasty	219	3.7	2.6	1.7	4.1	3.5	1.6	5.0	4.3	1.5
Coronary Artery Bypass Graft	312	2.6	6.4	1.9	4.2	9.1	2.2	5.1	10.3	2.3
Initial Pacemaker Insertion	51	0.0	3.6	3.0	2.0	6.9	4.3	2.0	9.9	5.4
Carotid Endarterectomy	50	0.0	1.5	-----	0.0	2.8	-----	0.0	4.1	-----
Hip Replacement/Reconstruction	147	2.0	3.1	1.8	4.8	5.5	2.4	5.4	7.2	3.0
Open Reduction of Hip Fracture	82	2.4	5.0	3.1	4.9	9.3	5.3	7.3	12.4	6.7
Prostatectomy	149	2.0	0.9	1.5	2.7	2.1	1.3	4.7	3.7	1.7
Cholecystectomy	116	1.7	2.9	1.7	6.9	4.9	2.8	6.9	6.3	2.3
Hysterectomy	48	2.1	0.6	-----	4.2	1.3	-----	6.3	2.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CHARLESTON AREA MEDICAL CENTER

Medicare Provider Number: 510022

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	70.9 years
Proportion female	50.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	32.8 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	27.1 %
Admitted for emergency	69.0 %

COMORBIDITIES:

Cancer	5.8 %
Chronic cardiovascular disease	34.5 %
Chronic liver disease	0.9 %
Chronic renal disease	4.6 %
Chronic pulmonary disease	13.9 %
Cerebrovascular degeneration	3.1 %
Diabetes mellitus	7.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	56.9%
State	40.5%
Outside State	2.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.3 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	866
Occupancy Rate	73.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	32.9 %
Case Mix Index (CMI)	1.5668

STAFFING:

Total Number of Physicians	395
Percent of Physicians Board Certified Specialists	78.0 %
Medical Residents/Interns	101
Registered Nurses	957
Licensed Practical Nurses	134

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	Yes
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

CITY HOSPITAL

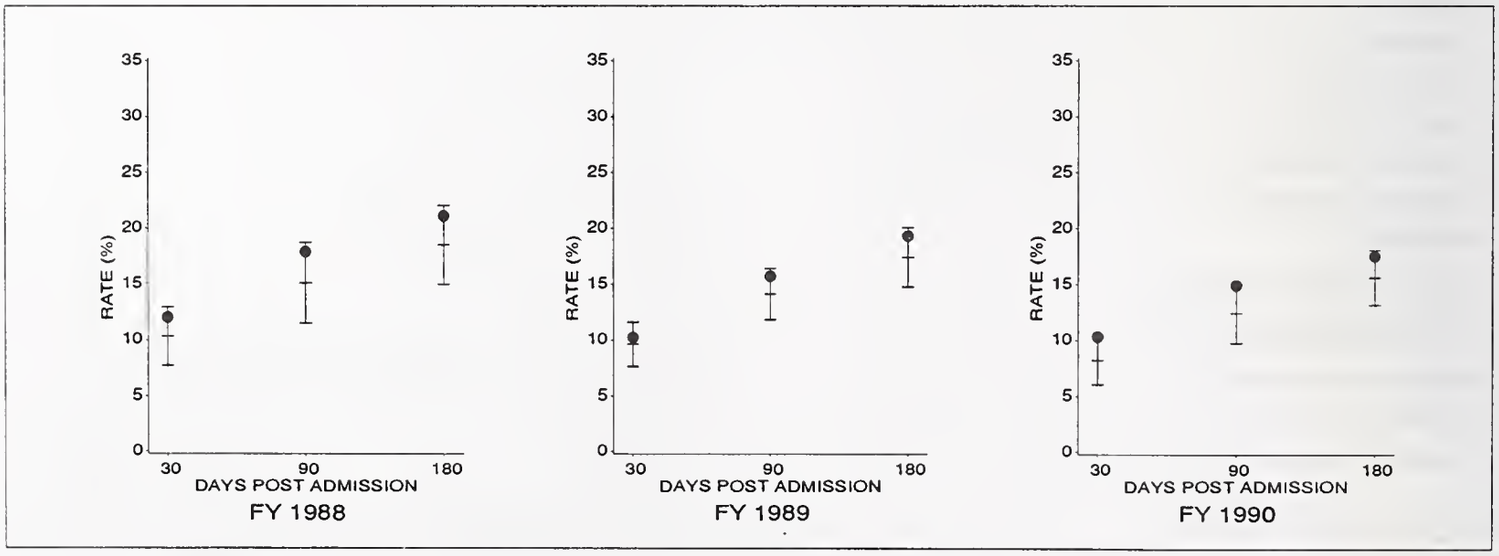
TAVERN AND DRY RUN ROAD
MARTINSBURG, WV 25401
Medicare Provider Number: 510008

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1402	10.3	8.2	1.1	14.9	12.4	1.3	17.5	15.6	1.2
CONDITIONS:										
Acute Myocardial Infarction	57	33.3	26.1	11.0	38.6	29.1	10.7	40.4	31.7	9.7
Congestive Heart Failure	77	11.7	13.7	4.1	22.1	21.6	4.8	31.2	28.0	5.8
Pneumonia/Influenza	49	20.4	13.1	-----	28.6	18.6	-----	34.7	22.2	-----
Chronic Obstructive Pulmonary Disease	22	4.5	4.7	-----	9.1	8.6	-----	13.6	12.4	-----
Transient Cerebral Ischemia	19	0.0	1.9	-----	5.3	4.2	-----	10.5	6.8	-----
Stroke	55	29.1	16.9	8.6	34.5	23.1	8.9	36.4	27.1	8.6
Hip Fracture	34	5.9	5.4	-----	8.8	10.0	-----	8.8	13.5	-----
Sepsis	16	12.5	20.5	-----	12.5	27.0	-----	18.8	30.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	2.2	-----	0.0	4.2	-----	0.0	6.0	-----
Carotid Endarterectomy	2	0.0	1.4	-----	0.0	2.4	-----	0.0	3.1	-----
Hip Replacement/Reconstruction	19	0.0	2.2	-----	0.0	4.4	-----	0.0	6.2	-----
Open Reduction of Hip Fracture	16	0.0	5.6	-----	6.3	10.6	-----	6.3	14.1	-----
Prostatectomy	58	1.7	1.1	1.5	3.4	2.6	2.3	5.2	4.5	3.4
Cholecystectomy	29	10.3	3.8	-----	13.8	7.4	-----	13.8	10.3	-----
Hysterectomy	21	0.0	0.6	-----	0.0	1.2	-----	0.0	1.8	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CITY HOSPITAL
Medicare Provider Number: 510008

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.5 years
Proportion female	58.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	66.3 %
Transferred from skilled nursing facility	0.2 %
Admitted for elective procedure	0.0 %
Admitted for emergency	6.2 %

COMORBIDITIES:

Cancer	6.7 %
Chronic cardiovascular disease	32.9 %
Chronic liver disease	1.1 %
Chronic renal disease	3.9 %
Chronic pulmonary disease	15.1 %
Cerebrovascular degeneration	4.9 %
Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.7%
State	16.5%
Outside State	5.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	179
Occupancy Rate	76.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	30.3 %
Case Mix Index (CMI)	1.1683

STAFFING:

Total Number of Physicians	70
Percent of Physicians Board Certified Specialists	70.0 %
Medical Residents/Interns	0
Registered Nurses	114
Licensed Practical Nurses	40

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

DAVIS MEMORIAL HOSPITAL

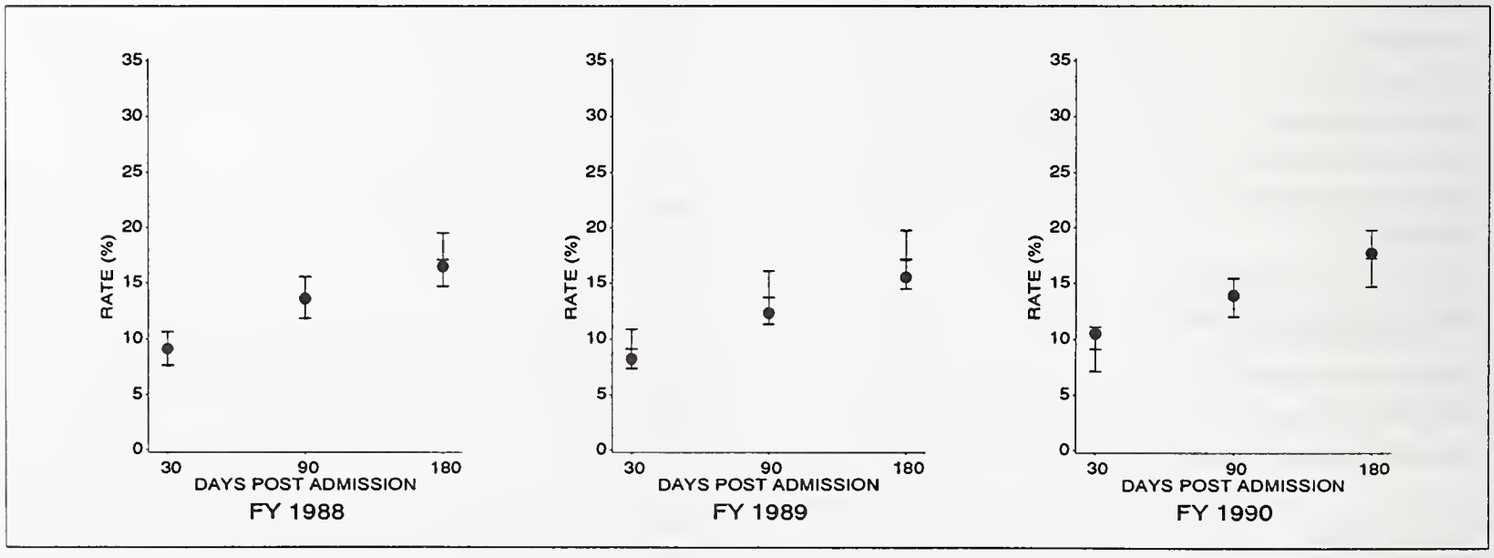
PO BOX 1484
ELKINS, WV 26241
Medicare Provider Number: 510030

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1602	10.5	9.1	1.0	13.9	13.7	0.9	17.7	17.2	1.3
CONDITIONS:										
Acute Myocardial Infarction	38	26.3	28.7	-----	28.9	31.4	-----	34.2	33.9	-----
Congestive Heart Failure	94	14.9	14.6	4.2	21.3	23.4	10.2	33.0	29.8	6.2
Pneumonia/Influenza	84	22.6	20.3	5.8	26.2	27.8	6.6	33.3	32.9	5.5
Chronic Obstructive Pulmonary Disease	56	7.1	5.1	3.5	10.7	10.1	4.0	14.3	14.5	4.7
Transient Cerebral Ischemia	35	2.9	1.7	-----	5.7	4.0	-----	11.4	6.5	-----
Stroke	51	27.5	21.4	8.0	33.3	26.6	7.3	33.3	30.1	6.8
Hip Fracture	33	12.1	5.8	-----	12.1	10.2	-----	15.2	13.4	-----
Sepsis	27	18.5	21.2	-----	22.2	27.4	-----	29.6	31.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	1.5	-----	0.0	3.0	-----	0.0	4.7	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	32	6.3	2.5	-----	6.3	4.8	-----	9.4	6.7	-----
Open Reduction of Hip Fracture	14	0.0	5.0	-----	0.0	9.0	-----	0.0	11.9	-----
Prostatectomy	68	1.5	0.7	1.2	2.9	1.7	2.0	2.9	3.0	2.1
Cholecystectomy	38	10.5	3.6	-----	13.2	6.7	-----	13.2	8.7	-----
Hysterectomy	15	0.0	0.4	-----	0.0	0.8	-----	0.0	1.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DAVIS MEMORIAL HOSPITAL
Medicare Provider Number: 510030

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.2 years
Proportion female	57.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	25.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	9.6 %
Admitted for emergency	70.2 %

COMORBIDITIES:

Cancer	6.3 %
Chronic cardiovascular disease	30.0 %
Chronic liver disease	1.1 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	21.1 %
Cerebrovascular degeneration	2.6 %
Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	64.4%
State	33.9%
Outside State	1.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	114
Occupancy Rate	71.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	44.1 %
Case Mix Index (CMI)	1.1399

STAFFING:

Total Number of Physicians	33
Percent of Physicians Board Certified Specialists	72.7 %
Medical Residents/Interns	0
Registered Nurses	118
Licensed Practical Nurses	35

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

DOCTORS HOSPITAL

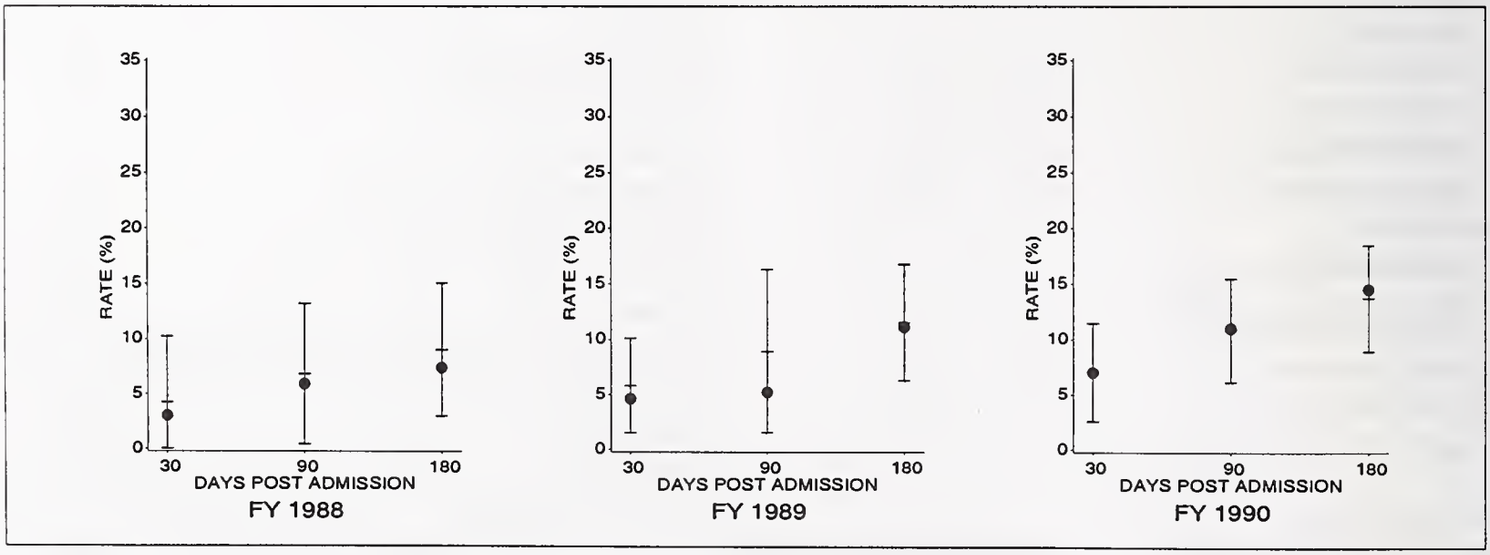
30 MACCORKLE AVE
SOUTH CHARLESTON, WV 25303
Medicare Provider Number: 510040

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	228	7.0	7.0	2.2	11.0	10.8	2.3	14.5	13.7	2.4
CONDITIONS:										
Acute Myocardial Infarction	1	0.0	29.4	-----	0.0	31.3	-----	0.0	33.4	-----
Congestive Heart Failure	6	33.3	11.7	-----	33.3	19.2	-----	33.3	25.5	-----
Pneumonia/Influenza	14	14.3	12.3	-----	21.4	16.2	-----	21.4	19.0	-----
Chronic Obstructive Pulmonary Disease	6	16.7	8.2	-----	33.3	14.2	-----	50.0	18.4	-----
Transient Cerebral Ischemia	4	0.0	1.3	-----	0.0	3.1	-----	0.0	5.3	-----
Stroke	0									
Hip Fracture	1	0.0	5.7	-----	0.0	11.3	-----	0.0	16.4	-----
Sepsis	3	0.0	21.3	-----	0.0	28.7	-----	0.0	33.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	0.6	-----	0.0	1.4	-----	0.0	2.3	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	3	0.0	0.2	-----	0.0	0.3	-----	0.0	0.6	-----
Cholecystectomy	5	0.0	1.5	-----	0.0	2.8	-----	0.0	3.9	-----
Hysterectomy	1	0.0	1.1	-----	0.0	3.1	-----	0.0	5.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DOCTORS HOSPITAL
Medicare Provider Number: 510040

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	71.5 years
Proportion female	57.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	77.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	46.1 %
Admitted for emergency	46.1 %

COMORBIDITIES:

Cancer	2.6 %
Chronic cardiovascular disease	24.6 %
Chronic liver disease	2.2 %
Chronic renal disease	1.3 %
Chronic pulmonary disease	17.5 %
Cerebrovascular degeneration	1.8 %
Diabetes mellitus	11.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	67.0%
State	32.3%
Outside State	0.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.5 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)** - Survey Year 1990

PROFILE:

Total Beds	47
Ownership.Control	Private, Non-Profit
Case Mix Index (CMI)	1.0589

STAFFING:

Medical Residents/Interns	5
Registered Nurses	58
Licensed Practical Nurses	12

SPECIALTY SERVICES:

Burn Unit	No
Coronary Care Unit	Yes
Hospice Care	No
Intensive Care Unit	Yes
Organ Transplant	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

FAIRMONT GENERAL HOSPITAL

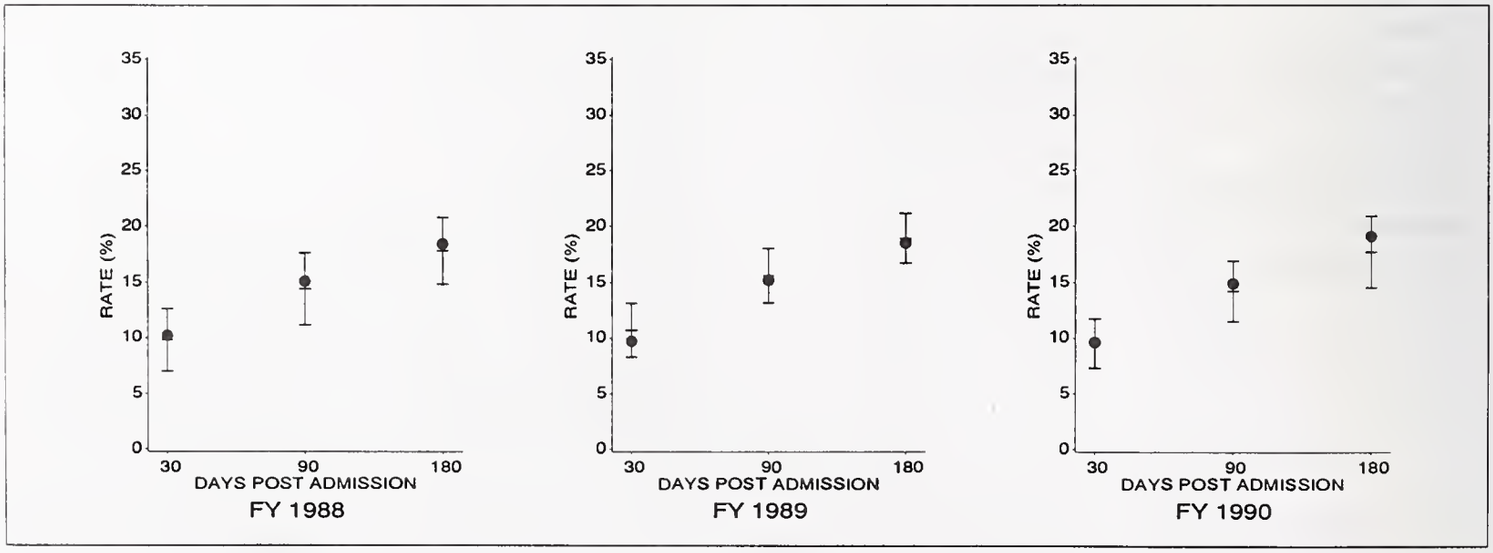
1325 LOCUST AVE
FAIRMONT, WV 26554
Medicare Provider Number: 510047

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	1734	9.6	9.5	1.1	14.9	14.2	1.4	19.1	17.7	1.6
CONDITIONS:										
Acute Myocardial Infarction	88	27.3	22.9	5.7	31.8	26.5	5.9	35.2	29.5	6.3
Congestive Heart Failure	133	20.3	14.4	5.3	29.3	22.8	6.7	34.6	28.9	7.1
Pneumonia/Influenza	105	14.3	15.1	4.1	25.7	20.7	6.2	27.6	24.7	5.8
Chronic Obstructive Pulmonary Disease	33	6.1	6.6	-----	15.2	12.2	-----	15.2	16.5	-----
Transient Cerebral Ischemia	13	0.0	1.7	-----	7.7	3.9	-----	7.7	6.4	-----
Stroke	73	26.0	21.5	6.2	28.8	27.0	6.0	37.0	30.6	7.9
Hip Fracture	79	2.5	5.9	3.2	3.8	10.6	4.9	6.3	14.0	5.6
Sepsis	15	13.3	17.1	-----	13.3	22.5	-----	20.0	26.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	12	0.0	3.5	-----	0.0	7.3	-----	0.0	11.0	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	43	2.3	4.3	-----	2.3	7.9	-----	4.7	10.6	-----
Open Reduction of Hip Fracture	39	2.6	5.6	-----	5.1	10.7	-----	7.7	14.3	-----
Prostatectomy	77	1.3	1.2	1.6	1.3	2.7	2.4	1.3	4.6	3.6
Cholecystectomy	43	0.0	2.2	-----	0.0	4.0	-----	0.0	5.0	-----
Hysterectomy	18	0.0	0.1	-----	0.0	0.3	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FAIRMONT GENERAL HOSPITAL
Medicare Provider Number: 510047

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.7 years
Proportion female	57.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	39.9 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	23.7 %
Admitted for emergency	69.7 %

COMORBIDITIES:

Cancer	5.9 %
Chronic cardiovascular disease	36.6 %
Chronic liver disease	0.7 %
Chronic renal disease	3.2 %
Chronic pulmonary disease	21.3 %
Cerebrovascular degeneration	4.8 %
Diabetes mellitus	7.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	0.0%
State	98.0%
Outside State	2.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	257
Occupancy Rate	48.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	56.4 %
Case Mix Index (CMI)	1.1256

STAFFING:

Total Number of Physicians	65
Percent of Physicians Board Certified Specialists	73.8 %
Medical Residents/Interns	0
Registered Nurses	158
Licensed Practical Nurses	31

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

GRAFTON CITY HOSPITAL

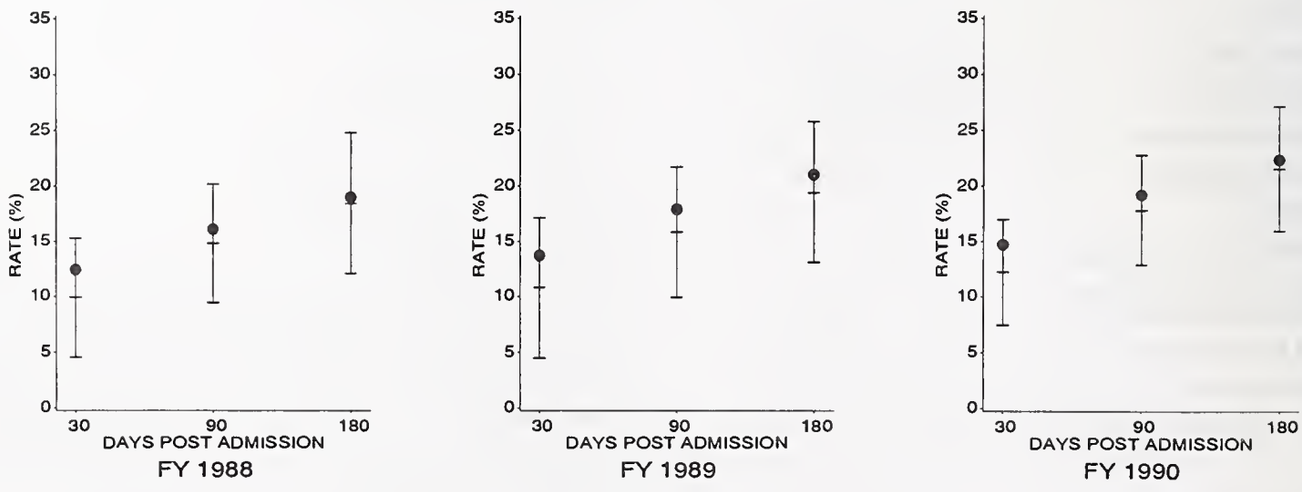
RT 50 & MARKET ST
GRAFTON, WV 26354
Medicare Provider Number: 510020

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	265	14.7	12.2	2.4	19.2	17.8	2.5	22.3	21.5	2.8
CONDITIONS:										
Acute Myocardial Infarction	10	20.0	28.5	-----	30.0	31.1	-----	30.0	33.4	-----
Congestive Heart Failure	17	41.2	17.8	-----	41.2	25.7	-----	47.1	31.6	-----
Pneumonia/Influenza	22	13.6	14.6	-----	22.7	19.8	-----	22.7	23.3	-----
Chronic Obstructive Pulmonary Disease	4	0.0	11.8	-----	25.0	20.8	-----	50.0	28.2	-----
Transient Cerebral Ischemia	3	0.0	2.1	-----	0.0	4.6	-----	0.0	7.5	-----
Stroke	14	50.0	23.3	-----	50.0	30.7	-----	50.0	34.3	-----
Hip Fracture	12	0.0	7.5	-----	8.3	13.2	-----	8.3	17.2	-----
Sepsis	4	25.0	28.7	-----	25.0	37.6	-----	25.0	42.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	6	0.0	4.9	-----	0.0	8.9	-----	0.0	11.8	-----
Open Reduction of Hip Fracture	2	0.0	5.5	-----	0.0	9.9	-----	0.0	13.8	-----
Prostatectomy	13	15.4	1.3	-----	23.1	2.5	-----	23.1	3.7	-----
Cholecystectomy	2	0.0	2.7	-----	0.0	5.6	-----	0.0	7.6	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GRAFTON CITY HOSPITAL
Medicare Provider Number: 510020

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	78.0 years
Proportion female	60.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	23.0 %
Transferred from skilled nursing facility	1.5 %
Admitted for elective procedure	23.0 %
Admitted for emergency	70.2 %

COMORBIDITIES:

Cancer	3.4 %
Chronic cardiovascular disease	38.9 %
Chronic liver disease	0.8 %
Chronic renal disease	3.0 %
Chronic pulmonary disease	20.0 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	81.4%
State	16.6%
Outside State	2.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	127
Occupancy Rate	56.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	55.3 %
Case Mix Index (CMI)	1.1782

STAFFING:

Total Number of Physicians	5
Percent of Physicians Board Certified Specialists	40.0 %
Medical Residents/Interns	0
Registered Nurses	16
Licensed Practical Nurses	4

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

GRANT MEMORIAL HOSPITAL

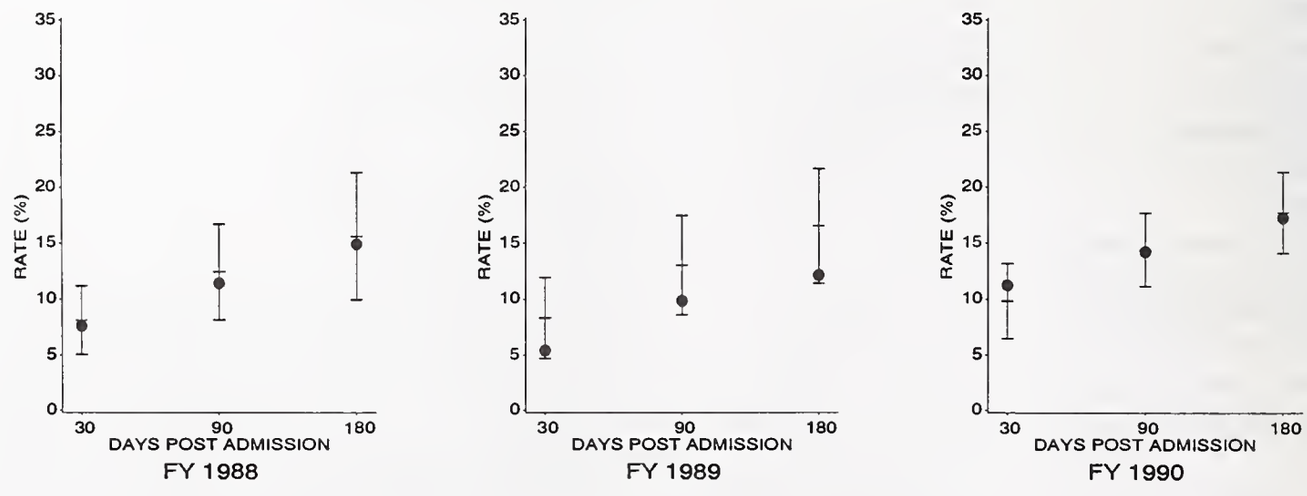
PO BOX 1029
PETERSBURG, WV 26847
Medicare Provider Number: 510026

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	501	11.2	9.8	1.7	14.2	14.4	1.6	17.2	17.7	1.8
CONDITIONS:										
Acute Myocardial Infarction	20	15.0	25.0	-----	25.0	28.4	-----	25.0	31.8	-----
Congestive Heart Failure	28	21.4	17.7	-----	25.0	27.2	-----	32.1	34.2	-----
Pneumonia/Influenza	32	6.3	13.1	-----	9.4	17.9	-----	18.8	21.2	-----
Chronic Obstructive Pulmonary Disease	9	11.1	7.7	-----	11.1	13.7	-----	11.1	18.1	-----
Transient Cerebral Ischemia	12	0.0	1.4	-----	0.0	3.3	-----	0.0	5.4	-----
Stroke	14	28.6	19.4	-----	35.7	25.0	-----	35.7	28.6	-----
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	16	0.0	1.4	-----	0.0	2.5	-----	0.0	3.3	-----
Hysterectomy	6	0.0	0.3	-----	0.0	0.7	-----	0.0	1.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GRANT MEMORIAL HOSPITAL
Medicare Provider Number: 510026

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.3 years
Proportion female	54.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	39.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	1.0 %
Admitted for emergency	59.3 %

COMORBIDITIES:

Cancer	5.4 %
Chronic cardiovascular disease	37.3 %
Chronic liver disease	1.4 %
Chronic renal disease	0.4 %
Chronic pulmonary disease	13.6 %
Cerebrovascular degeneration	1.0 %
Diabetes mellitus	8.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	44.1%
State	54.7%
Outside State	1.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.5 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	59
Occupancy Rate	64.0 %
Ownership/Control	Local Government
Medicare Discharges	32.1 %
Case Mix Index (CMI)	1.0041

STAFFING:

Total Number of Physicians	13
Percent of Physicians Board Certified Specialists	61.5 %
Medical Residents/Interns	0
Registered Nurses	42
Licensed Practical Nurses	6

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

GUYAN VALLEY HOSPITAL

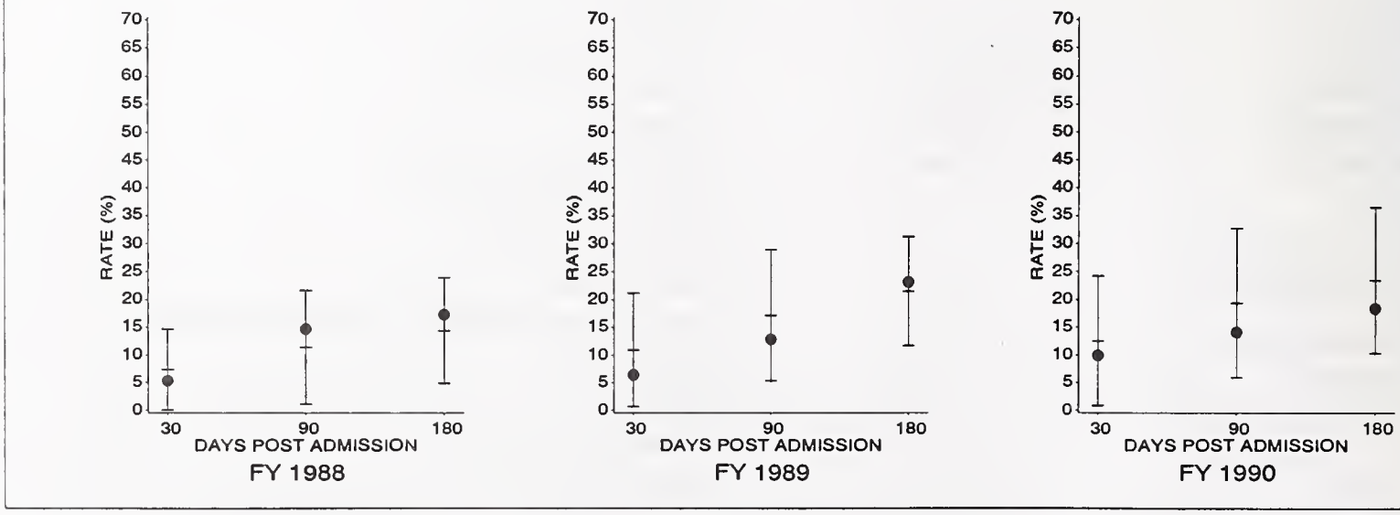
396 DINGESS ST
LOGAN, WV 25601
Medicare Provider Number: 510004

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	71	9.9	12.5	5.8	14.1	19.3	6.7	18.3	23.3	6.5
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	3	0.0	12.3	-----	0.0	20.5	-----	0.0	26.1	-----
Pneumonia/Influenza	19	15.8	17.2	-----	15.8	23.9	-----	21.1	27.4	-----
Chronic Obstructive Pulmonary Disease	7	0.0	4.2	-----	0.0	8.0	-----	0.0	11.1	-----
Transient Cerebral Ischemia	1	0.0	2.8	-----	0.0	6.2	-----	0.0	10.5	-----
Stroke	1	0.0	30.7	-----	0.0	36.0	-----	0.0	39.0	-----
Hip Fracture	0									
Sepsis	1	0.0	17.7	-----	0.0	21.0	-----	0.0	25.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GUYAN VALLEY HOSPITAL
Medicare Provider Number: 510004

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.5 years
Proportion female	53.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	76.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	19.7 %

COMORBIDITIES:

Cancer	11.3 %
Chronic cardiovascular disease	31.0 %
Chronic liver disease	1.4 %
Chronic renal disease	1.4 %
Chronic pulmonary disease	29.6 %
Cerebrovascular degeneration	1.4 %
Diabetes mellitus	5.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	79.3%
State	17.5%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	23
Occupancy Rate	47.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.9 %
Case Mix Index (CMI)	0.9436

STAFFING:

Total Number of Physicians	45
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	14
Licensed Practical Nurses	16

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

HAMPSHIRE MEMORIAL HOSPITAL

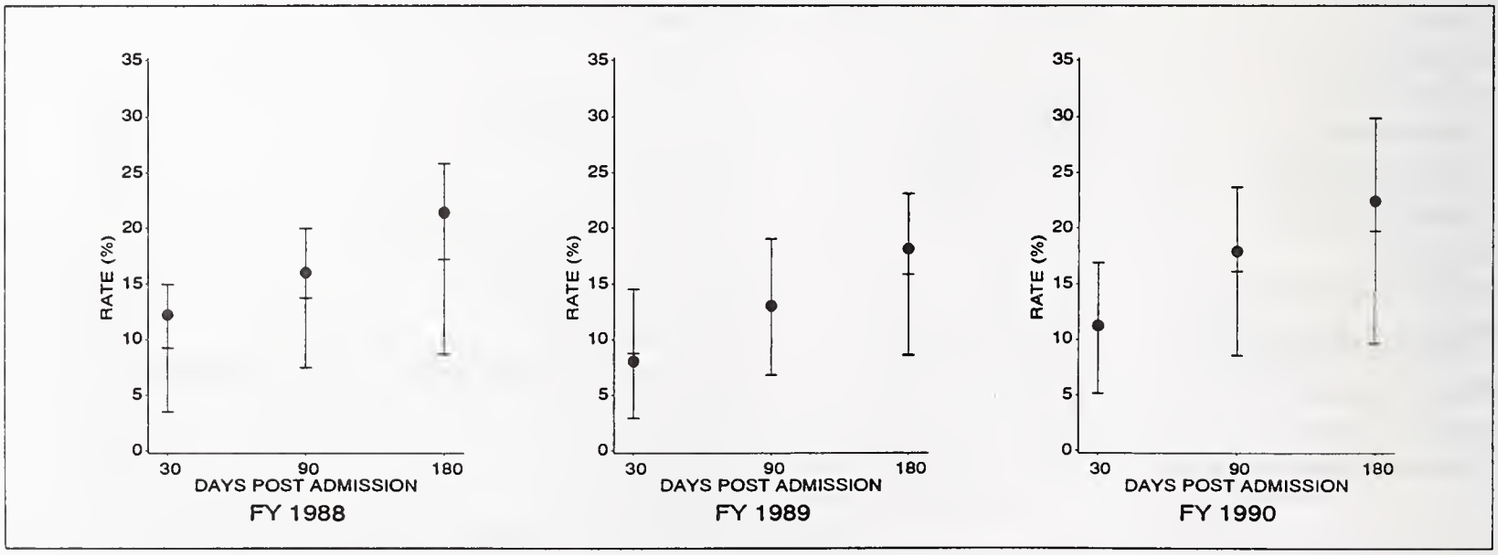
PO BOX 555
ROMNEY, WV 26757
Medicare Provider Number: 510036

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	134	11.2	11.0	2.9	17.9	16.1	3.8	22.4	19.7	5.1
CONDITIONS:										
Acute Myocardial Infarction	4	0.0	22.2	-----	0.0	25.8	-----	0.0	29.3	-----
Congestive Heart Failure	16	12.5	13.5	-----	31.3	22.1	-----	43.8	28.7	-----
Pneumonia/Influenza	15	26.7	11.7	-----	26.7	16.4	-----	26.7	19.7	-----
Chronic Obstructive Pulmonary Disease	10	0.0	8.7	-----	10.0	14.4	-----	10.0	18.4	-----
Transient Cerebral Ischemia	3	0.0	0.9	-----	0.0	2.0	-----	0.0	3.4	-----
Stroke	5	0.0	14.8	-----	0.0	20.5	-----	20.0	24.2	-----
Hip Fracture	2	50.0	7.4	-----	50.0	12.6	-----	50.0	15.3	-----
Sepsis	4	50.0	45.6	-----	50.0	57.6	-----	75.0	63.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	1	100.0	11.7	-----	100.0	20.3	-----	100.0	24.8	-----
Prostatectomy	0									
Cholecystectomy	3	0.0	1.0	-----	0.0	2.0	-----	0.0	2.7	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HAMPSHIRE MEMORIAL HOSPITAL
Medicare Provider Number: 510036

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	51.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	92.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	5.2 %
Admitted for emergency	41.8 %

COMORBIDITIES:

Cancer	7.5 %
Chronic cardiovascular disease	40.3 %
Chronic liver disease	1.5 %
Chronic renal disease	1.5 %
Chronic pulmonary disease	20.9 %
Cerebrovascular degeneration	1.5 %
Diabetes mellitus	8.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.8%
State	8.6%
Outside State	3.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.2 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	47
Occupancy Rate	74.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	51.7 %
Case Mix Index (CMI)	1.1726

STAFFING:

Total Number of Physicians	4
Percent of Physicians Board Certified Specialists	25.0 %
Medical Residents/Interns	0
Registered Nurses	11
Licensed Practical Nurses	2

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

HCA PUTNAM GENERAL HOSPITAL

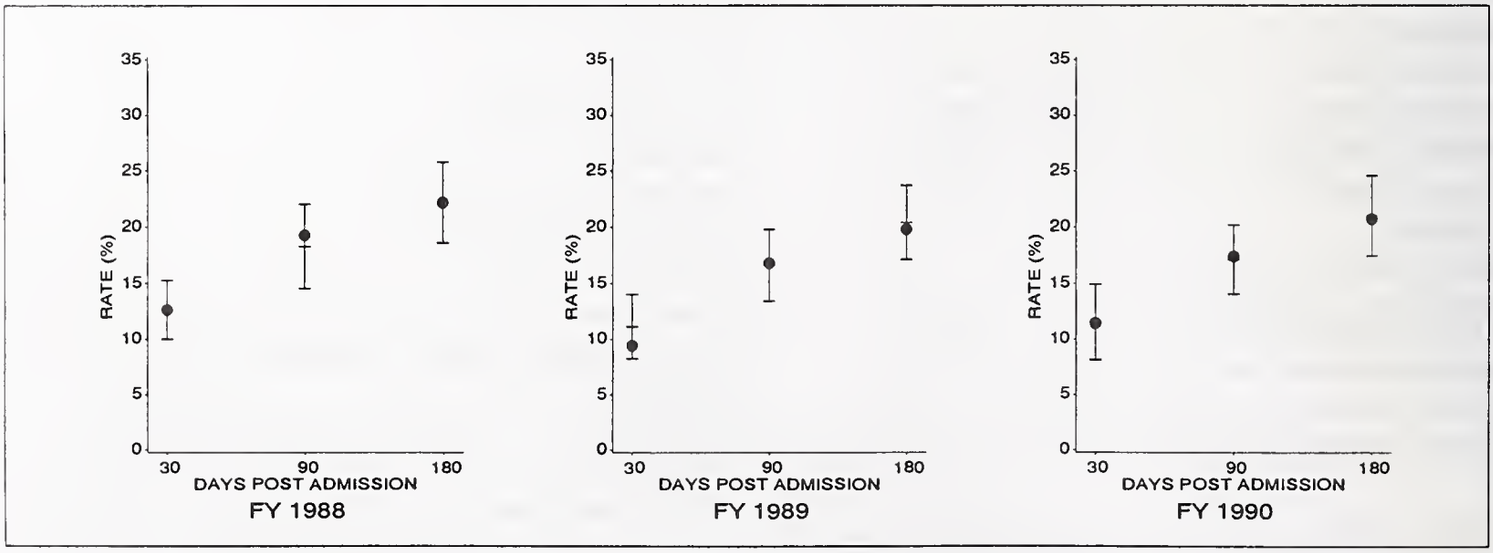
1400 HOSPITAL DRIVE
HURRICANE, WV 25526
Medicare Provider Number: 510085

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	643	11.4	11.5	1.7	17.4	17.1	1.5	20.7	21.0	1.8
CONDITIONS:										
Acute Myocardial Infarction	24	37.5	27.3	-----	50.0	30.2	-----	54.2	33.0	-----
Congestive Heart Failure	37	13.5	13.8	-----	24.3	21.9	-----	32.4	27.6	-----
Pneumonia/Influenza	44	18.2	15.4	-----	25.0	21.3	-----	27.3	25.3	-----
Chronic Obstructive Pulmonary Disease	14	7.1	7.5	-----	14.3	12.6	-----	21.4	17.0	-----
Transient Cerebral Ischemia	18	5.6	2.1	-----	5.6	4.6	-----	11.1	7.4	-----
Stroke	21	23.8	27.1	-----	33.3	33.0	-----	33.3	36.4	-----
Hip Fracture	19	15.8	6.7	-----	21.1	11.6	-----	21.1	15.1	-----
Sepsis	10	0.0	18.8	-----	10.0	25.9	-----	10.0	30.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	2.2	-----	0.0	4.0	-----	14.3	5.9	-----
Carotid Endarterectomy	1	0.0	0.7	-----	0.0	1.4	-----	0.0	2.2	-----
Hip Replacement/Reconstruction	6	16.7	7.8	-----	16.7	13.9	-----	16.7	17.9	-----
Open Reduction of Hip Fracture	14	14.3	5.2	-----	21.4	9.5	-----	21.4	12.7	-----
Prostatectomy	11	0.0	2.3	-----	0.0	5.7	-----	9.1	9.9	-----
Cholecystectomy	9	11.1	1.6	-----	11.1	3.1	-----	11.1	4.3	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.2	-----	0.0	0.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HCA PUTNAM GENERAL HOSPITAL
Medicare Provider Number: 510085

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.9 years
Proportion female	60.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	27.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.5 %
Admitted for emergency	67.5 %

COMORBIDITIES:

Cancer	6.7 %
Chronic cardiovascular disease	40.6 %
Chronic liver disease	0.6 %
Chronic renal disease	1.6 %
Chronic pulmonary disease	31.7 %
Cerebrovascular degeneration	2.3 %
Diabetes mellitus	11.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	58.1%
State	40.2%
Outside State	1.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	59
Occupancy Rate	57.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	51.3 %
Case Mix Index (CMI)	1.2593

STAFFING:

Total Number of Physicians	34
Percent of Physicians Board Certified Specialists	85.3 %
Medical Residents/Interns	0
Registered Nurses	60
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

HCA RIVER PARK HOSPITAL

1230 6TH AVE
HUNTINGTON, WV 25701
Medicare Provider Number: 510014

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	19	0.0	0.7	-----	0.0	1.8	-----	0.0	2.9	-----
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	0									
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

HCA RIVER PARK HOSPITAL
Medicare Provider Number: 510014

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	58.5 years
Proportion female	68.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	100.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	5.3 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	0.0 %
Chronic cardiovascular disease	10.5 %
Chronic liver disease	5.3 %
Chronic renal disease	0.0 %
Chronic pulmonary disease	21.1 %
Cerebrovascular degeneration	10.5 %
Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	34.8%
State	30.4%
Outside State	34.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	13.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	110
Occupancy Rate	69.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	19.2 %
Case Mix Index (CMI)	0.7564

STAFFING:

Total Number of Physicians	18
Percent of Physicians Board Certified Specialists	61.1 %
Medical Residents/Interns	0
Registered Nurses	36
Licensed Practical Nurses	12

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

HERBERT J THOMAS MEMORIAL HOSPITAL

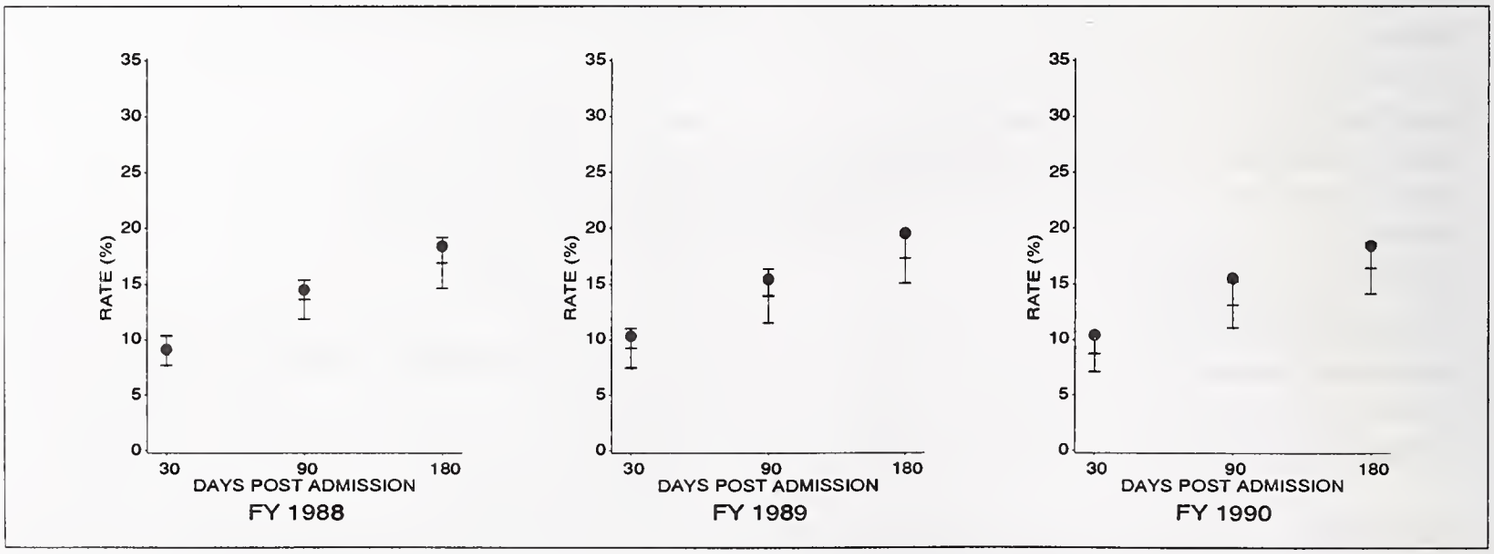
4605 MACCORKLE AVE SW
SOUTH CHARLESTON, WV 25309
Medicare Provider Number: 510029

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2213	10.4	8.7	0.8	15.5	13.1	1.0	18.4	16.4	1.2
CONDITIONS:										
Acute Myocardial Infarction	102	24.5	21.7	4.7	27.5	25.4	4.6	28.4	28.4	4.5
Congestive Heart Failure	92	19.6	14.7	7.7	30.4	23.2	8.0	34.8	29.4	8.2
Pneumonia/Influenza	71	18.3	14.2	6.4	28.2	19.4	8.5	32.4	22.8	8.9
Chronic Obstructive Pulmonary Disease	75	5.3	6.6	3.8	9.3	11.5	5.5	14.7	15.6	7.2
Transient Cerebral Ischemia	31	0.0	1.7	-----	0.0	3.8	-----	0.0	6.3	-----
Stroke	81	21.0	18.4	4.7	25.9	25.7	4.9	28.4	29.6	5.4
Hip Fracture	78	5.1	7.2	3.6	9.0	12.9	6.1	14.1	16.7	7.8
Sepsis	17	35.3	23.4	-----	41.2	32.0	-----	47.1	37.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	29	6.9	3.0	-----	13.8	6.0	-----	17.2	8.7	-----
Carotid Endarterectomy	14	0.0	1.2	-----	0.0	2.4	-----	7.1	3.6	-----
Hip Replacement/Reconstruction	30	0.0	4.3	-----	6.7	8.3	-----	10.0	11.3	-----
Open Reduction of Hip Fracture	47	4.3	7.1	-----	6.4	13.1	-----	10.6	17.1	-----
Prostatectomy	73	0.0	0.8	1.5	2.7	1.9	1.8	2.7	3.2	2.2
Cholecystectomy	70	2.9	2.2	2.1	5.7	4.1	3.1	5.7	5.3	2.7
Hysterectomy	20	0.0	0.4	-----	0.0	1.1	-----	0.0	1.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HERBERT J THOMAS MEMORIAL HOSPITAL

Medicare Provider Number: 510029

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	58.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	32.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	31.7 %
Admitted for emergency	62.2 %

COMORBIDITIES:

Cancer	6.1 %
Chronic cardiovascular disease	33.9 %
Chronic liver disease	0.9 %
Chronic renal disease	3.2 %
Chronic pulmonary disease	16.2 %
Cerebrovascular degeneration	2.6 %
Diabetes mellitus	8.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	79.6%
State	18.5%
Outside State	1.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	226
Occupancy Rate	61.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	41.5 %
Case Mix Index (CMI)	1.2367

STAFFING:

Total Number of Physicians	97
Percent of Physicians Board Certified Specialists	62.9 %
Medical Residents/Interns	0
Registered Nurses	127
Licensed Practical Nurses	59

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

HUMANA HOSPITAL GREENBRIER VALLEY

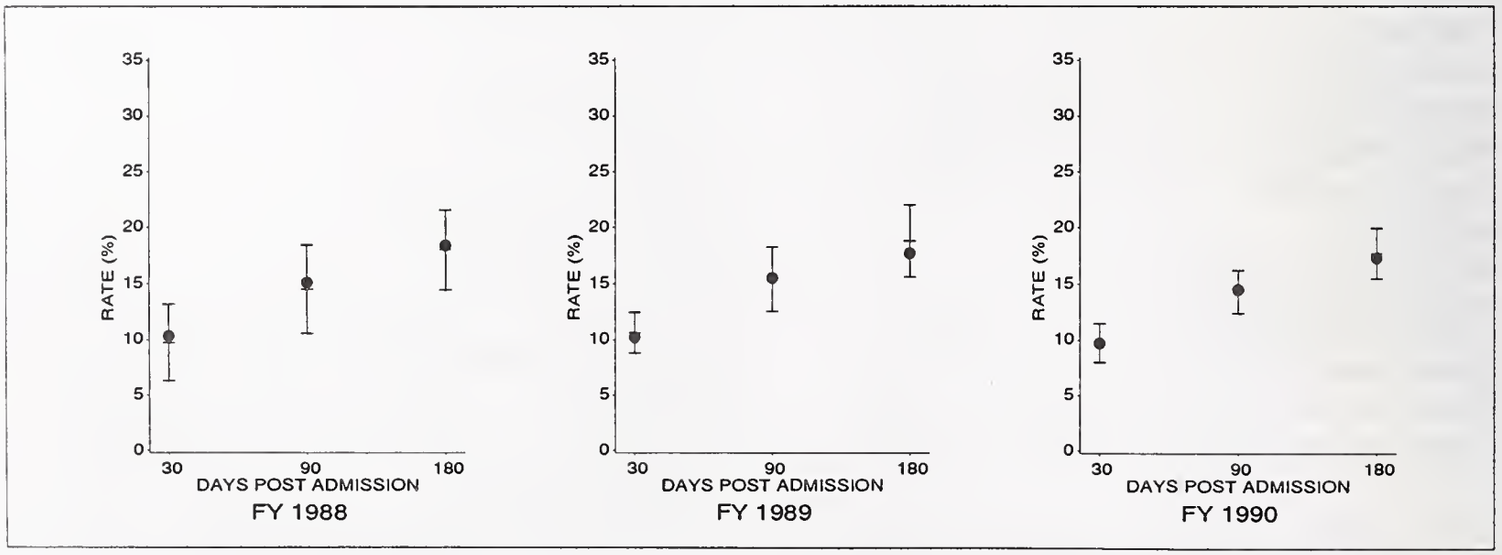
P O BOX 497
RONCEVERTE, WV 24970
Medicare Provider Number: 510002

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1373	9.7	9.7	0.9	14.5	14.3	1.0	17.3	17.7	1.1
CONDITIONS:										
Acute Myocardial Infarction	57	21.1	25.5	9.7	22.8	29.0	9.9	24.6	32.0	9.0
Congestive Heart Failure	70	15.7	13.6	6.0	28.6	21.6	8.8	32.9	27.7	9.3
Pneumonia/Influenza	86	15.1	15.6	5.0	18.6	21.2	5.6	19.8	25.1	6.6
Chronic Obstructive Pulmonary Disease	40	5.0	8.9	-----	12.5	15.6	-----	17.5	20.7	-----
Transient Cerebral Ischemia	26	0.0	1.9	-----	3.8	4.2	-----	3.8	6.7	-----
Stroke	47	19.1	18.0	-----	23.4	24.1	-----	29.8	27.6	-----
Hip Fracture	35	2.9	6.9	-----	5.7	12.6	-----	8.6	16.5	-----
Sepsis	15	13.3	25.7	-----	26.7	35.2	-----	26.7	40.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	25	4.0	4.0	-----	8.0	7.8	-----	16.0	10.6	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	32	0.0	3.8	-----	3.1	7.0	-----	3.1	9.4	-----
Open Reduction of Hip Fracture	13	7.7	7.7	-----	7.7	14.6	-----	15.4	19.5	-----
Prostatectomy	124	1.6	0.9	1.3	3.2	2.1	1.7	4.0	3.7	1.9
Cholecystectomy	33	9.1	3.1	-----	12.1	5.2	-----	12.1	6.5	-----
Hysterectomy	16	0.0	0.4	-----	0.0	0.9	-----	0.0	1.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HUMANA HOSPITAL GREENBRIER VALLEY

Medicare Provider Number: 510002

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.8 years
Proportion female	52.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	18.6 %
Admitted for emergency	61.9 %

COMORBIDITIES:

Cancer	5.1 %
Chronic cardiovascular disease	43.3 %
Chronic liver disease	1.2 %
Chronic renal disease	1.5 %
Chronic pulmonary disease	27.6 %
Cerebrovascular degeneration	5.6 %
Diabetes mellitus	6.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	60.5%
State	36.4%
Outside State	3.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	122
Occupancy Rate	57.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.2975

STAFFING:

Total Number of Physicians	43
Percent of Physicians Board Certified Specialists	65.1 %
Medical Residents/Interns	2
Registered Nurses	43
Licensed Practical Nurses	42

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

HUMANA HOSPITAL ST LUKES

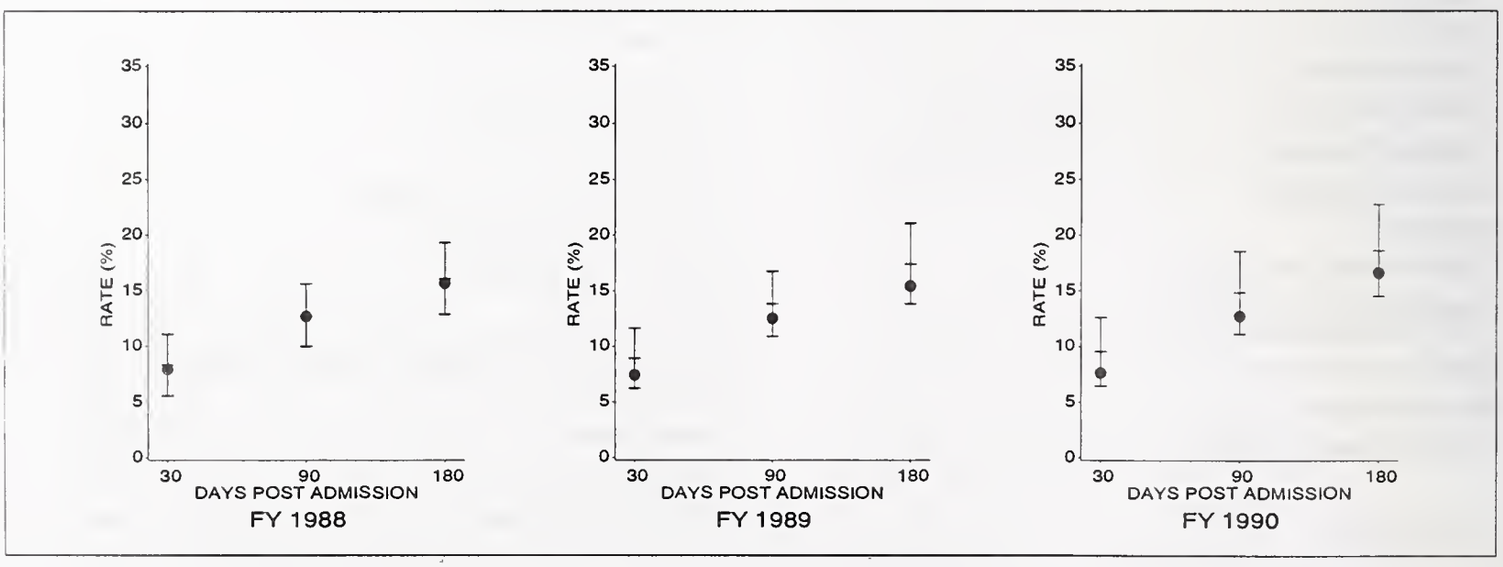
1333 SOUTHVIEW DRIVE
BLUEFIELD, WV 24701
Medicare Provider Number: 510067

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	787	7.6	9.5	1.5	12.7	14.8	1.9	16.6	18.6	2.1
CONDITIONS:										
Acute Myocardial Infarction	26	7.7	19.3	-----	11.5	23.2	-----	15.4	26.4	-----
Congestive Heart Failure	56	19.6	13.3	8.1	26.8	21.7	9.6	32.1	27.8	9.1
Pneumonia/Influenza	64	3.1	13.7	5.8	9.4	18.9	6.2	15.6	22.5	6.5
Chronic Obstructive Pulmonary Disease	32	3.1	7.0	-----	6.3	12.4	-----	6.3	16.9	-----
Transient Cerebral Ischemia	4	0.0	0.8	-----	25.0	1.9	-----	25.0	3.5	-----
Stroke	17	23.5	21.6	-----	29.4	26.1	-----	35.3	29.4	-----
Hip Fracture	10	10.0	5.6	-----	10.0	10.3	-----	30.0	13.6	-----
Sepsis	20	10.0	27.0	-----	35.0	39.7	-----	40.0	45.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	1.2	-----	0.0	2.7	-----	0.0	4.4	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	8	12.5	2.3	-----	12.5	4.3	-----	12.5	6.1	-----
Open Reduction of Hip Fracture	4	0.0	6.9	-----	0.0	12.9	-----	25.0	16.4	-----
Prostatectomy	18	5.6	1.2	-----	5.6	2.5	-----	5.6	4.2	-----
Cholecystectomy	15	0.0	4.7	-----	6.7	8.8	-----	6.7	11.7	-----
Hysterectomy	6	0.0	0.4	-----	0.0	0.9	-----	0.0	1.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HUMANA HOSPITAL ST LUKES
Medicare Provider Number: 510067

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	71.4 years
Proportion female	51.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	50.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	13.9 %
Admitted for emergency	53.7 %

COMORBIDITIES:

Cancer	5.0 %
Chronic cardiovascular disease	41.4 %
Chronic liver disease	0.3 %
Chronic renal disease	7.6 %
Chronic pulmonary disease	48.7 %
Cerebrovascular degeneration	3.3 %
Diabetes mellitus	12.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	38.5%
State	38.4%
Outside State	23.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.2 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	79
Occupancy Rate	60.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	49.4 %
Case Mix Index (CMI)	1.2201

STAFFING:

Total Number of Physicians	31
Percent of Physicians Board Certified Specialists	38.7 %
Medical Residents/Interns	1
Registered Nurses	51
Licensed Practical Nurses	23

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

JACKSON GENERAL HOSPITAL

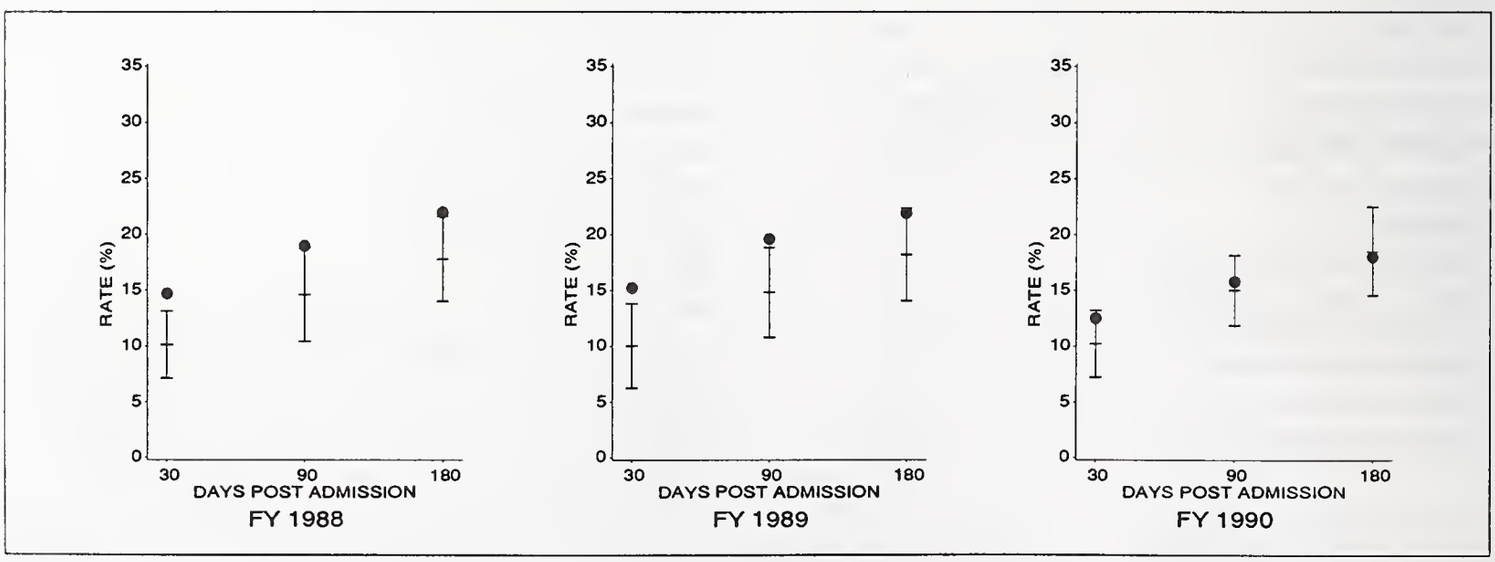
PINNELL ST
RIPLEY, WV 25271
Medicare Provider Number: 510018

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	550	12.5	10.2	1.5	15.8	15.0	1.6	18.0	18.5	2.0
CONDITIONS:										
Acute Myocardial Infarction	29	27.6	26.4	-----	34.5	29.8	-----	37.9	32.5	-----
Congestive Heart Failure	34	26.5	13.9	-----	32.4	21.8	-----	35.3	28.3	-----
Pneumonia/Influenza	40	25.0	19.4	-----	27.5	26.3	-----	30.0	30.7	-----
Chronic Obstructive Pulmonary Disease	11	9.1	7.4	-----	9.1	13.4	-----	9.1	18.2	-----
Transient Cerebral Ischemia	6	0.0	1.5	-----	0.0	3.2	-----	0.0	4.9	-----
Stroke	26	26.9	21.1	-----	38.5	27.7	-----	46.2	31.8	-----
Hip Fracture	0									
Sepsis	8	0.0	12.5	-----	12.5	18.7	-----	25.0	23.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	100.0	7.7	-----	100.0	15.8	-----	100.0	21.4	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	14	0.0	0.5	-----	0.0	1.2	-----	0.0	2.2	-----
Cholecystectomy	9	0.0	1.5	-----	0.0	2.5	-----	0.0	3.4	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JACKSON GENERAL HOSPITAL
Medicare Provider Number: 510018

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.1 years
Proportion female	53.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.8 %
Transferred from skilled nursing facility	0.4 %
Admitted for elective procedure	16.7 %
Admitted for emergency	8.9 %

COMORBIDITIES:

Cancer	6.9 %
Chronic cardiovascular disease	39.8 %
Chronic liver disease	2.4 %
Chronic renal disease	3.1 %
Chronic pulmonary disease	19.5 %
Cerebrovascular degeneration	3.3 %
Diabetes mellitus	6.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	73.6%
State	21.4%
Outside State	5.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.3 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	79
Occupancy Rate	44.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	37.5 %
Case Mix Index (CMI)	1.1252

STAFFING:

Total Number of Physicians	12
Percent of Physicians Board Certified Specialists	66.7 %
Medical Residents/Interns	0
Registered Nurses	41
Licensed Practical Nurses	19

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

JEFFERSON MEMORIAL HOSPITAL

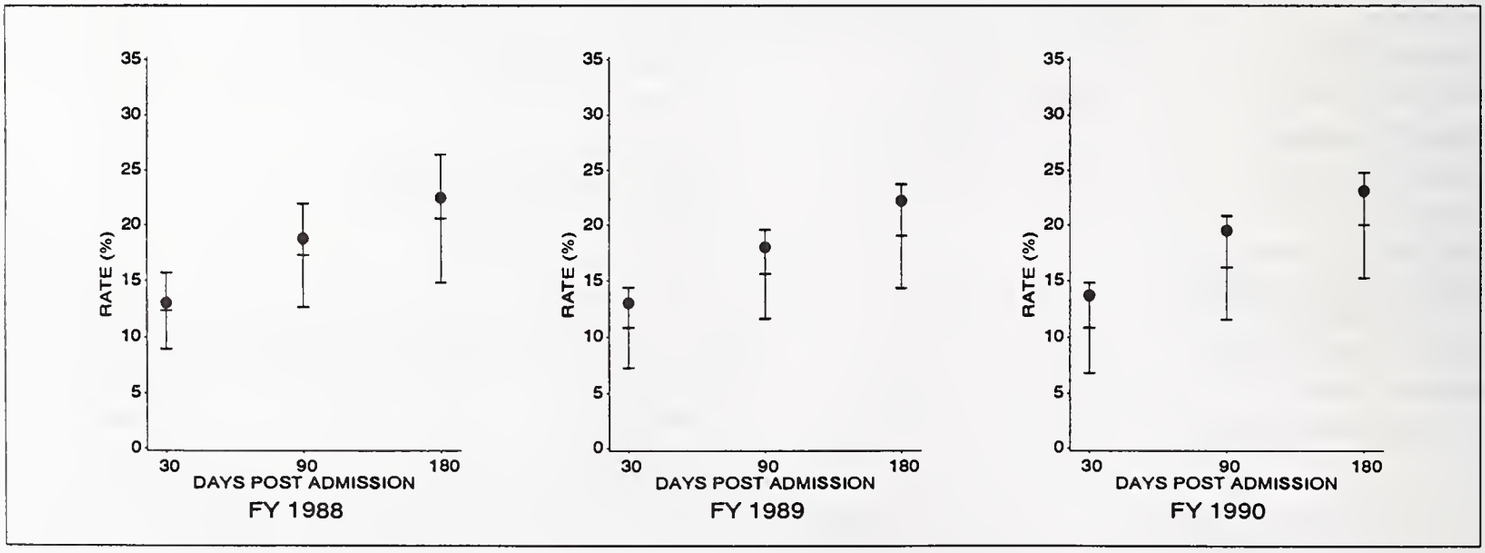
300 S PRESTON ST
RANSON, WV 25438
Medicare Provider Number: 510068

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	502	13.7	10.8	2.0	19.5	16.2	2.3	23.1	20.0	2.4
CONDITIONS:										
Acute Myocardial Infarction	21	23.8	26.4	-----	33.3	30.3	-----	33.3	33.4	-----
Congestive Heart Failure	36	19.4	13.9	-----	25.0	22.1	-----	33.3	28.2	-----
Pneumonia/Influenza	42	23.8	12.7	-----	28.6	17.6	-----	31.0	20.9	-----
Chronic Obstructive Pulmonary Disease	4	0.0	11.0	-----	25.0	19.4	-----	25.0	25.1	-----
Transient Cerebral Ischemia	3	0.0	3.0	-----	33.3	6.9	-----	33.3	11.2	-----
Stroke	23	43.5	23.0	-----	47.8	28.9	-----	52.2	32.7	-----
Hip Fracture	16	0.0	7.4	-----	6.3	13.1	-----	18.8	17.1	-----
Sepsis	4	25.0	30.1	-----	25.0	38.8	-----	25.0	43.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	5	0.0	6.1	-----	20.0	12.0	-----	20.0	16.6	-----
Open Reduction of Hip Fracture	8	0.0	5.5	-----	0.0	10.1	-----	12.5	13.4	-----
Prostatectomy	14	0.0	1.0	-----	0.0	2.5	-----	7.1	4.3	-----
Cholecystectomy	15	0.0	1.8	-----	0.0	3.5	-----	0.0	4.8	-----
Hysterectomy	3	0.0	3.4	-----	0.0	6.3	-----	0.0	8.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JEFFERSON MEMORIAL HOSPITAL
Medicare Provider Number: 510068

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.6 years
Proportion female	58.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	27.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	74.1 %

COMORBIDITIES:

Cancer	8.2 %
Chronic cardiovascular disease	33.7 %
Chronic liver disease	2.0 %
Chronic renal disease	0.8 %
Chronic pulmonary disease	16.1 %
Cerebrovascular degeneration	8.0 %
Diabetes mellitus	7.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	85.7%
State	4.8%
Outside State	9.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	56
Occupancy Rate	55.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	27.6 %
Case Mix Index (CMI)	1.1559

STAFFING:

Total Number of Physicians	22
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	41
Licensed Practical Nurses	21

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

LOGAN GENERAL HOSPITAL

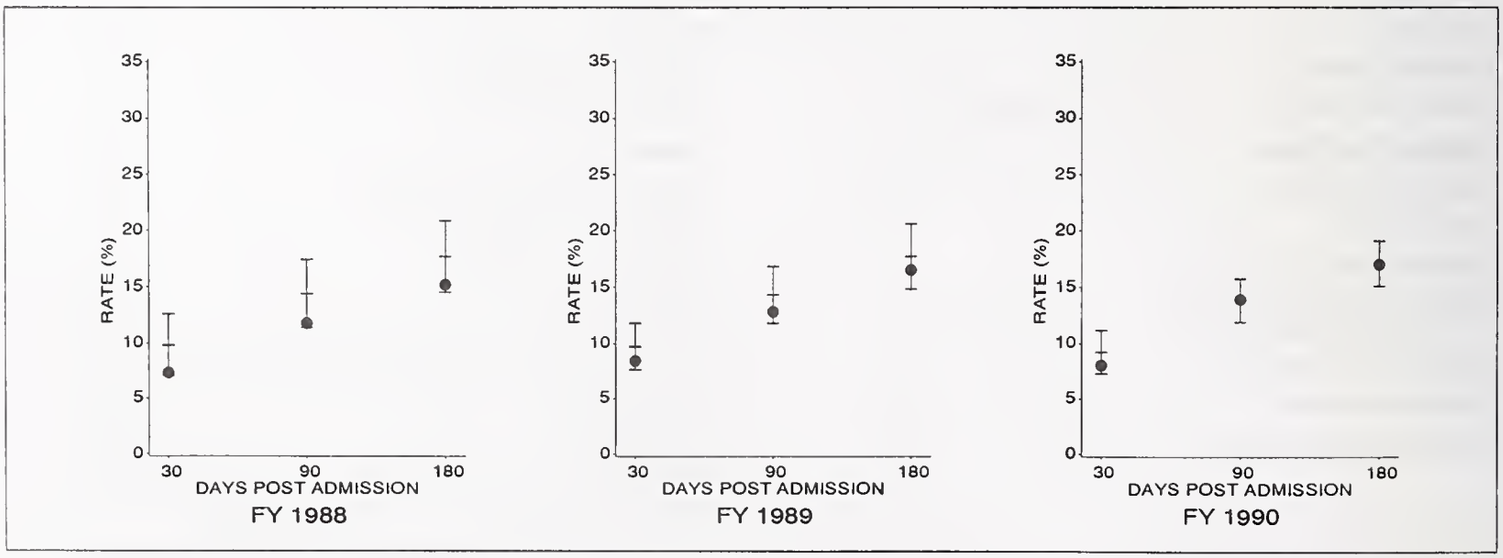
20 HOSPITAL DR
LOGAN, WV 25601
Medicare Provider Number: 510048

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1391	8.0	9.2	1.0	13.9	13.8	1.0	17.0	17.1	1.0
CONDITIONS:										
Acute Myocardial Infarction	29	13.8	23.7	-----	13.8	26.3	-----	13.8	28.7	-----
Congestive Heart Failure	93	10.8	13.5	5.9	22.6	21.6	6.2	26.9	27.7	4.8
Pneumonia/Influenza	104	12.5	13.6	3.5	16.3	18.6	4.1	18.3	22.2	5.1
Chronic Obstructive Pulmonary Disease	47	4.3	8.0	-----	10.6	14.7	-----	10.6	19.7	-----
Transient Cerebral Ischemia	44	0.0	1.7	-----	9.1	4.1	-----	11.4	6.7	-----
Stroke	39	20.5	19.6	-----	25.6	24.8	-----	30.8	28.3	-----
Hip Fracture	33	0.0	6.0	-----	3.0	10.8	-----	3.0	14.1	-----
Sepsis	7	42.9	39.2	-----	71.4	46.2	-----	71.4	50.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	16.7	2.4	-----	16.7	4.6	-----	16.7	6.7	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	22	0.0	4.6	-----	9.1	8.5	-----	9.1	11.3	-----
Open Reduction of Hip Fracture	13	0.0	6.5	-----	0.0	12.1	-----	0.0	16.2	-----
Prostatectomy	55	0.0	0.9	1.6	0.0	2.0	3.0	1.8	3.4	3.3
Cholecystectomy	27	0.0	2.4	-----	3.7	4.7	-----	7.4	6.6	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LOGAN GENERAL HOSPITAL
Medicare Provider Number: 510048

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.2 years
Proportion female	51.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	44.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	6.6 %
Admitted for emergency	51.3 %

COMORBIDITIES:

Cancer	6.0 %
Chronic cardiovascular disease	41.7 %
Chronic liver disease	0.5 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	23.4 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	4.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	75.8%
State	22.9%
Outside State	1.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	114
Occupancy Rate	80.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	27.1 %
Case Mix Index (CMI)	1.1469

STAFFING:

Total Number of Physicians	62
Percent of Physicians Board Certified Specialists	40.3 %
Medical Residents/Interns	0
Registered Nurses	155
Licensed Practical Nurses	36

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

MAN APPALACHIAN REGIONAL HOSPITAL

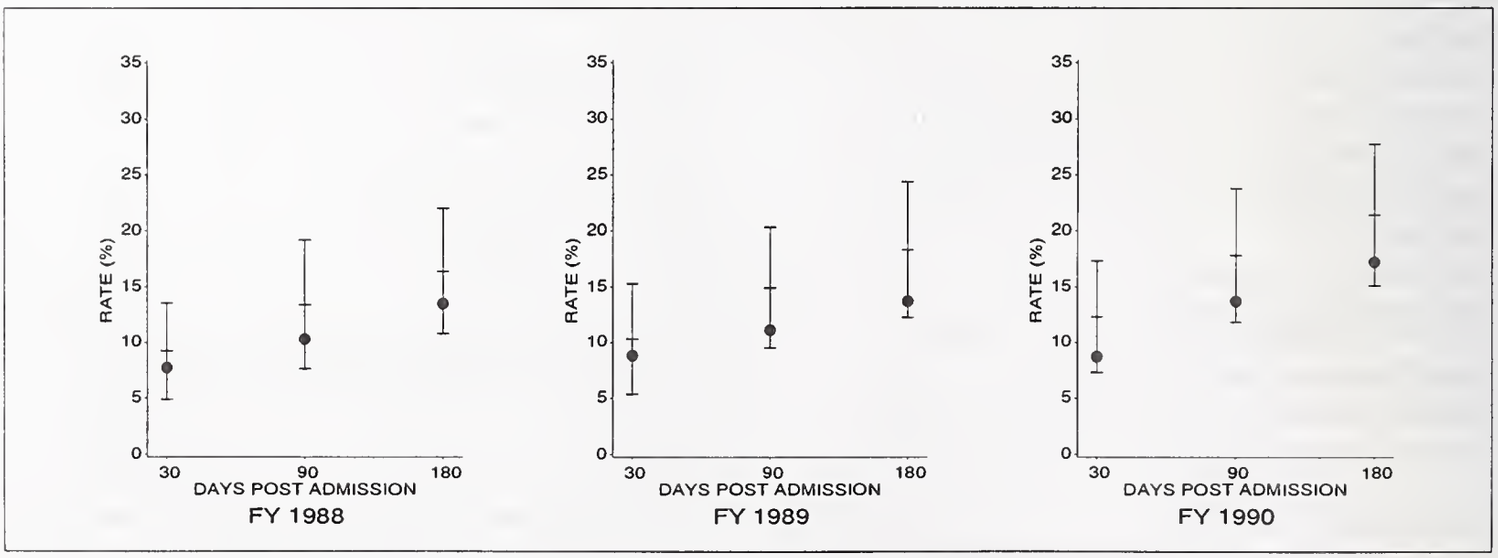
600-800 E MCDONALD AVE
MAN, WV 25635
Medicare Provider Number: 510035

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	366	8.7	12.3	2.5	13.7	17.8	3.0	17.2	21.4	3.2
CONDITIONS:										
Acute Myocardial Infarction	10	60.0	43.7	-----	60.0	48.8	-----	60.0	52.5	-----
Congestive Heart Failure	30	6.7	13.4	-----	16.7	21.5	-----	23.3	27.8	-----
Pneumonia/Influenza	36	13.9	17.2	-----	22.2	24.0	-----	27.8	28.0	-----
Chronic Obstructive Pulmonary Disease	30	0.0	7.8	-----	3.3	13.1	-----	3.3	16.9	-----
Transient Cerebral Ischemia	6	0.0	1.8	-----	0.0	4.0	-----	0.0	6.3	-----
Stroke	10	10.0	22.0	-----	20.0	30.9	-----	20.0	35.6	-----
Hip Fracture	1	0.0	14.0	-----	0.0	24.3	-----	100.0	29.4	-----
Sepsis	2	0.0	19.8	-----	0.0	30.2	-----	0.0	35.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	1	0.0	12.5	-----	0.0	22.6	-----	100.0	27.8	-----
Prostatectomy	3	0.0	1.3	-----	0.0	3.3	-----	0.0	6.0	-----
Cholecystectomy	6	0.0	1.6	-----	0.0	2.6	-----	0.0	3.2	-----
Hysterectomy	1	0.0	0.1	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MAN APPALACHIAN REGIONAL HOSPITAL
Medicare Provider Number: 510035

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	69.4 years
Proportion female	48.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	3.3 %
Admitted for emergency	80.9 %

COMORBIDITIES:

Cancer	5.7 %
Chronic cardiovascular disease	53.8 %
Chronic liver disease	0.3 %
Chronic renal disease	5.5 %
Chronic pulmonary disease	42.6 %
Cerebrovascular degeneration	3.8 %
Diabetes mellitus	8.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	54.7%
State	44.2%
Outside State	1.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	42
Occupancy Rate	42.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.2 %
Case Mix Index (CMI)	1.1087

STAFFING:

Total Number of Physicians	18
Percent of Physicians Board Certified Specialists	38.9 %
Medical Residents/Interns	0
Registered Nurses	26
Licensed Practical Nurses	17

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

MONONGALIA COUNTY GENERAL HOSPITAL

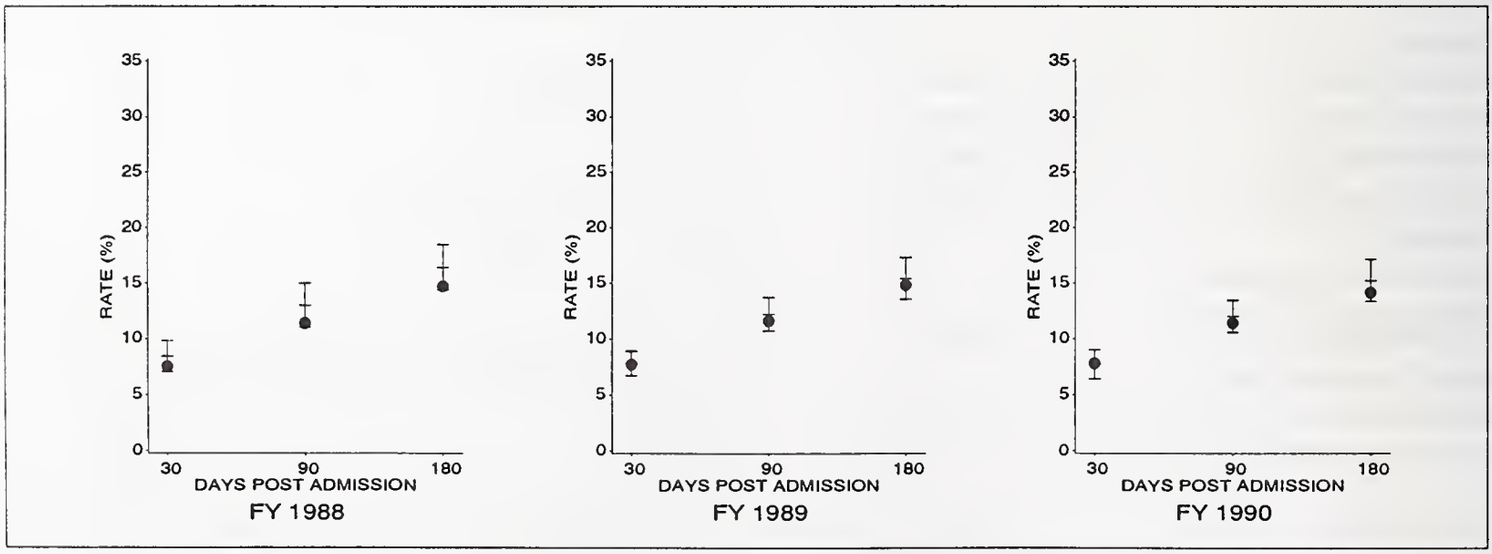
1200 JD ANDERSON DR
MORGANTOWN, WV 26505
Medicare Provider Number: 510024

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2761	7.8	7.7	0.7	11.4	12.0	0.7	14.1	15.2	0.9
CONDITIONS:										
Acute Myocardial Infarction	96	24.0	25.2	6.3	27.1	28.5	5.4	30.2	31.3	5.7
Congestive Heart Failure	132	15.9	13.0	5.0	22.7	21.1	4.5	28.0	27.2	4.0
Pneumonia/Influenza	102	11.8	14.7	4.3	18.6	20.2	4.3	22.5	23.9	5.6
Chronic Obstructive Pulmonary Disease	18	5.6	8.5	-----	5.6	14.0	-----	5.6	18.1	-----
Transient Cerebral Ischemia	32	0.0	2.0	-----	3.1	4.6	-----	3.1	7.5	-----
Stroke	85	11.8	17.7	7.2	16.5	24.1	8.6	21.2	27.8	8.6
Hip Fracture	58	1.7	8.1	6.7	8.6	13.9	8.6	10.3	17.7	8.7
Sepsis	28	21.4	30.5	-----	28.6	40.1	-----	35.7	45.1	-----
PROCEDURES:										
Angioplasty	56	1.8	2.5	3.0	1.8	3.7	3.1	5.4	4.7	3.7
Coronary Artery Bypass Graft	83	3.6	5.1	3.9	3.6	7.1	4.6	3.6	8.0	4.8
Initial Pacemaker Insertion	12	0.0	2.3	-----	8.3	4.6	-----	8.3	6.8	-----
Carotid Endarterectomy	32	0.0	0.9	-----	0.0	1.7	-----	0.0	2.5	-----
Hip Replacement/Reconstruction	60	1.7	3.0	3.1	3.3	5.5	5.3	3.3	7.2	6.3
Open Reduction of Hip Fracture	33	0.0	7.7	-----	9.1	13.8	-----	12.1	17.9	-----
Prostatectomy	59	0.0	0.8	1.7	1.7	1.7	2.4	3.4	2.8	3.4
Cholecystectomy	66	3.0	2.7	2.1	4.5	4.9	2.9	6.1	6.3	3.8
Hysterectomy	35	0.0	1.2	-----	2.9	2.5	-----	5.7	3.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MONONGALIA COUNTY GENERAL HOSPITAL

Medicare Provider Number: 510024

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.9 years
Proportion female	56.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	44.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	30.7 %
Admitted for emergency	52.2 %

COMORBIDITIES:

Cancer	8.2 %
Chronic cardiovascular disease	37.6 %
Chronic liver disease	0.7 %
Chronic renal disease	2.5 %
Chronic pulmonary disease	14.6 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	8.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	46.1%
State	31.3%
Outside State	22.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.8 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	220
Occupancy Rate	60.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	43.4 %
Case Mix Index (CMI)	1.2953

STAFFING:

Total Number of Physicians	131
Percent of Physicians Board Certified Specialists	71.8 %
Medical Residents/Interns	0
Registered Nurses	177
Licensed Practical Nurses	74

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

MONTGOMERY GENERAL HOSPITAL

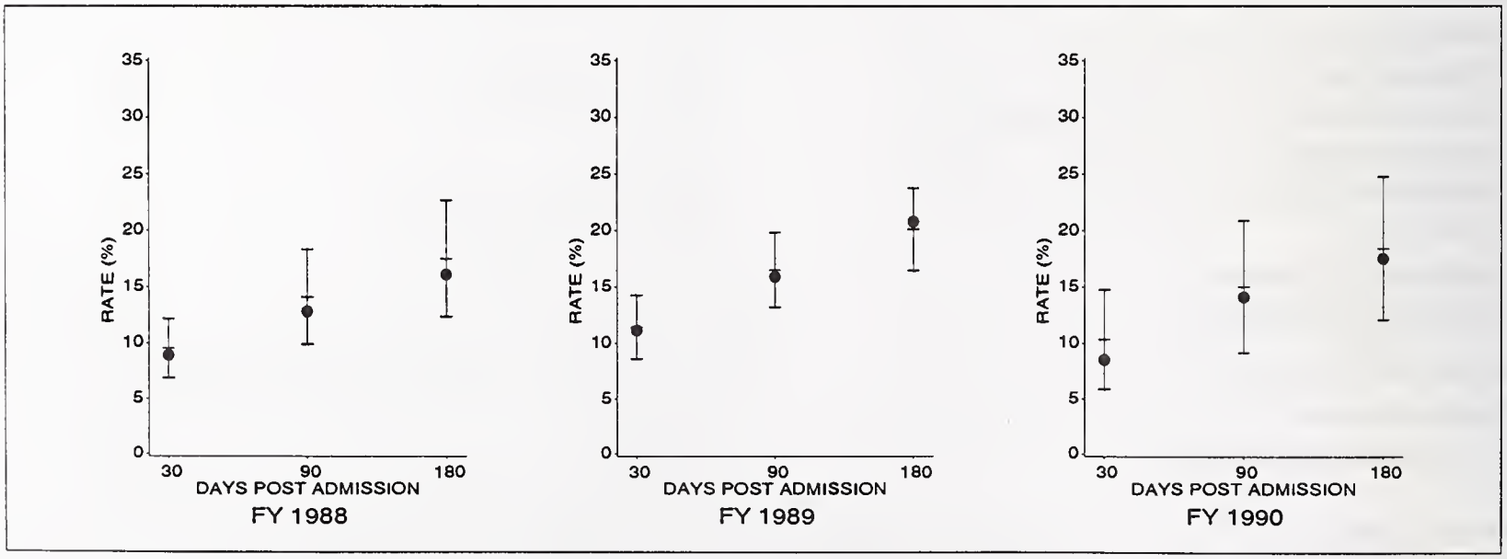
WASHINGTON ST & SIXTH AVE
MONTGOMERY, WV 25136
Medicare Provider Number: 510028

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	554	8.5	10.3	2.2	14.1	15.0	2.9	17.5	18.4	3.2
CONDITIONS:										
Acute Myocardial Infarction	27	18.5	21.9	-----	29.6	25.1	-----	29.6	27.8	-----
Congestive Heart Failure	28	10.7	14.6	-----	21.4	23.3	-----	25.0	29.3	-----
Pneumonia/Influenza	54	11.1	17.7	8.3	20.4	23.3	11.5	20.4	26.9	9.8
Chronic Obstructive Pulmonary Disease	10	0.0	9.2	-----	0.0	15.6	-----	0.0	20.0	-----
Transient Cerebral Ischemia	15	0.0	2.9	-----	0.0	6.3	-----	6.7	10.0	-----
Stroke	28	10.7	20.6	-----	17.9	26.8	-----	17.9	30.3	-----
Hip Fracture	9	11.1	7.2	-----	11.1	12.8	-----	22.2	16.2	-----
Sepsis	5	40.0	29.0	-----	40.0	35.8	-----	40.0	40.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	2.9	-----	0.0	5.5	-----	0.0	7.7	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	2	0.0	3.2	-----	0.0	6.3	-----	0.0	8.5	-----
Open Reduction of Hip Fracture	3	0.0	5.6	-----	0.0	9.8	-----	0.0	12.7	-----
Prostatectomy	12	0.0	1.1	-----	8.3	2.3	-----	8.3	3.7	-----
Cholecystectomy	5	0.0	4.4	-----	20.0	6.7	-----	20.0	8.0	-----
Hysterectomy	2	0.0	0.2	-----	0.0	0.4	-----	0.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MONTGOMERY GENERAL HOSPITAL
Medicare Provider Number: 510028

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	56.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	21.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	79.6 %

COMORBIDITIES:

Cancer	5.6 %
Chronic cardiovascular disease	42.4 %
Chronic liver disease	1.1 %
Chronic renal disease	2.0 %
Chronic pulmonary disease	15.7 %
Cerebrovascular degeneration	2.2 %
Diabetes mellitus	10.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	56.3%
State	42.9%
Outside State	0.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.2 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	99
Occupancy Rate	59.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	47.0 %
Case Mix Index (CMI)	1.0686

STAFFING:

Total Number of Physicians	23
Percent of Physicians Board Certified Specialists	47.8 %
Medical Residents/Interns	0
Registered Nurses	23
Licensed Practical Nurses	29

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

MORGAN COUNTY WAR MEMORIAL HOSPITAL

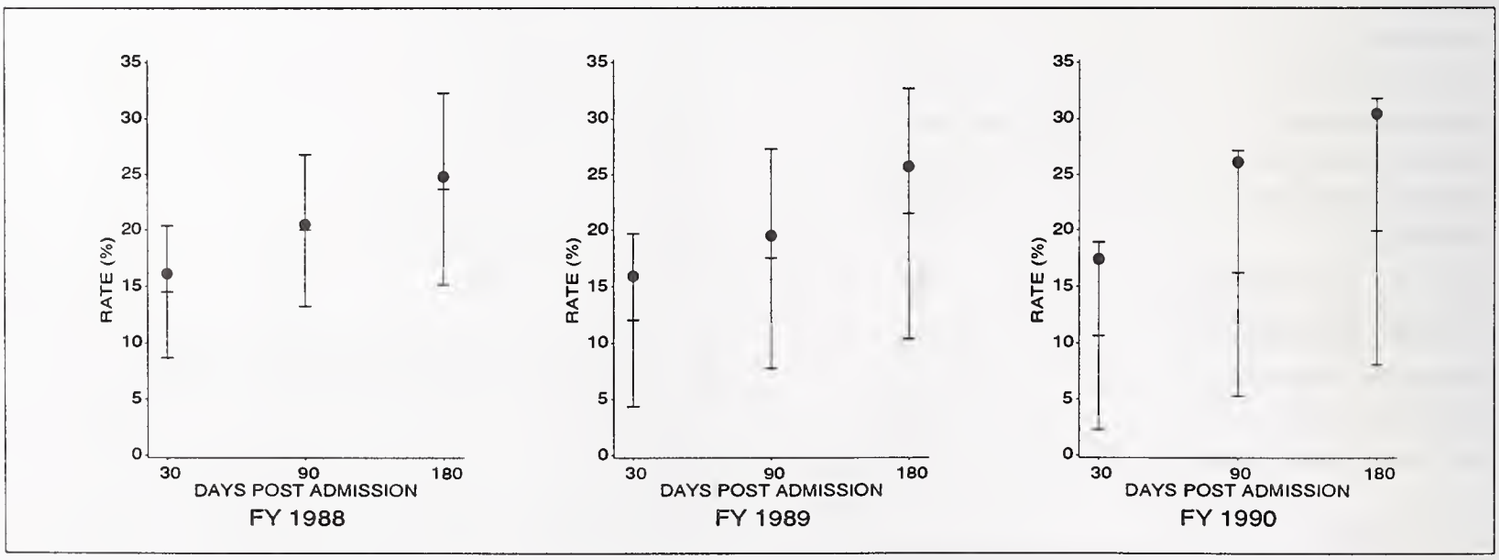
1090 FAIRFAX ST
BERKELEY SPRINGS, WV 25411
Medicare Provider Number: 510027

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	92	17.4	10.6	4.2	26.1	16.2	5.5	30.4	19.9	5.9
CONDITIONS:										
Acute Myocardial Infarction	5	20.0	17.6	-----	20.0	20.6	-----	20.0	23.3	-----
Congestive Heart Failure	8	37.5	13.8	-----	62.5	22.2	-----	62.5	29.1	-----
Pneumonia/Influenza	11	9.1	8.4	-----	18.2	11.9	-----	27.3	14.5	-----
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	5	20.0	18.4	-----	40.0	26.3	-----	60.0	30.1	-----
Hip Fracture	1	0.0	4.7	-----	0.0	10.3	-----	100.0	14.9	-----
Sepsis	6	33.3	24.7	-----	50.0	30.6	-----	50.0	34.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	10	0.0	0.3	-----	0.0	0.8	-----	0.0	1.4	-----
Cholecystectomy	2	0.0	0.7	-----	0.0	1.3	-----	0.0	1.8	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MORGAN COUNTY WAR MEMORIAL HOSPITAL

Medicare Provider Number: 510027

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.8 years
Proportion female	46.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	93.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	18.5 %
Admitted for emergency	16.3 %

COMORBIDITIES:

Cancer	7.6 %
Chronic cardiovascular disease	31.5 %
Chronic liver disease	1.1 %
Chronic renal disease	0.0 %
Chronic pulmonary disease	15.2 %
Cerebrovascular degeneration	10.9 %
Diabetes mellitus	5.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	57.5%
State	11.8%
Outside State	30.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	42
Occupancy Rate	69.0 %
Ownership/Control	Local Government
Medicare Discharges	56.6 %
Case Mix Index (CMI)	1.2297

STAFFING:

Total Number of Physicians	6
Percent of Physicians Board Certified Specialists	50.0 %
Medical Residents/Interns	0
Registered Nurses	10
Licensed Practical Nurses	0

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

OHIO VALLEY GENERAL HOSPITAL

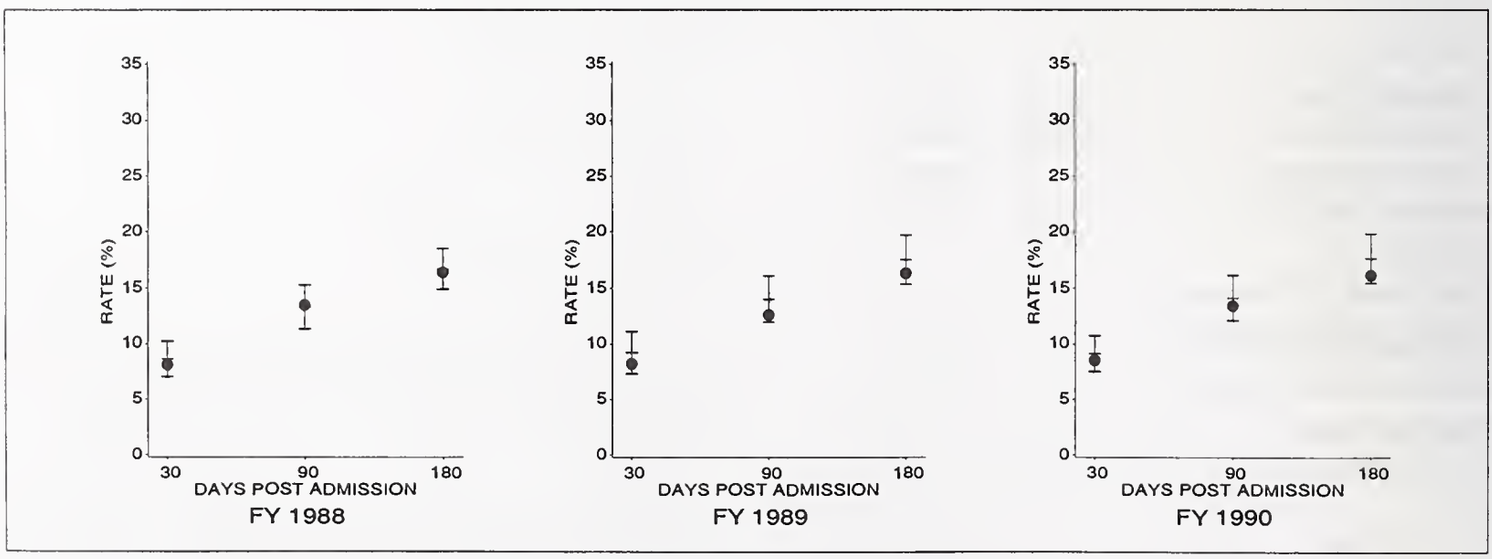
2000 EOFF STREET
WHEELING, WV 26003
Medicare Provider Number: 510039

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1796	8.5	9.1	0.8	13.4	14.1	1.0	16.1	17.6	1.1
CONDITIONS:										
Acute Myocardial Infarction	41	19.5	24.9	-----	22.0	28.4	-----	22.0	31.2	-----
Congestive Heart Failure	89	18.0	15.3	4.8	25.8	24.5	4.8	27.0	30.8	5.5
Pneumonia/Influenza	53	17.0	14.0	7.8	20.8	19.7	6.8	24.5	23.0	6.7
Chronic Obstructive Pulmonary Disease	34	0.0	10.6	-----	11.8	18.7	-----	14.7	24.4	-----
Transient Cerebral Ischemia	37	2.7	2.7	-----	2.7	5.9	-----	2.7	9.0	-----
Stroke	68	13.2	21.3	9.3	25.0	27.9	13.4	27.9	31.7	10.4
Hip Fracture	51	5.9	6.4	3.6	11.8	11.4	4.5	21.6	14.8	6.7
Sepsis	9	33.3	31.6	-----	44.4	40.2	-----	44.4	44.4	-----
PROCEDURES:										
Angioplasty	1	0.0	13.1	-----	0.0	14.1	-----	0.0	14.9	-----
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	15.4	3.0	-----	15.4	6.1	-----	15.4	9.2	-----
Carotid Endarterectomy	16	0.0	1.1	-----	0.0	2.2	-----	0.0	3.3	-----
Hip Replacement/Reconstruction	27	0.0	2.5	-----	0.0	4.8	-----	3.7	6.6	-----
Open Reduction of Hip Fracture	39	5.1	5.1	-----	10.3	9.4	-----	17.9	12.3	-----
Prostatectomy	40	2.5	0.8	-----	2.5	1.6	-----	2.5	2.7	-----
Cholecystectomy	22	9.1	2.9	-----	18.2	5.3	-----	18.2	6.7	-----
Hysterectomy	10	0.0	0.4	-----	0.0	0.8	-----	0.0	1.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



OHIO VALLEY GENERAL HOSPITAL
Medicare Provider Number: 510039

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.0 years
Proportion female	54.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	41.9 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	17.8 %
Admitted for emergency	52.7 %

COMORBIDITIES:

Cancer	7.4 %
Chronic cardiovascular disease	32.6 %
Chronic liver disease	1.4 %
Chronic renal disease	3.4 %
Chronic pulmonary disease	16.5 %
Cerebrovascular degeneration	5.5 %
Diabetes mellitus	12.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	34.0%
State	25.1%
Outside State	40.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.5 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	353
Occupancy Rate	85.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	41.3 %
Case Mix Index (CMI)	1.2605

STAFFING:

Total Number of Physicians	228
Percent of Physicians Board Certified Specialists	64.5 %
Medical Residents/Interns	36
Registered Nurses	234
Licensed Practical Nurses	49

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	Yes
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

PLATEAU MEDICAL CENTER

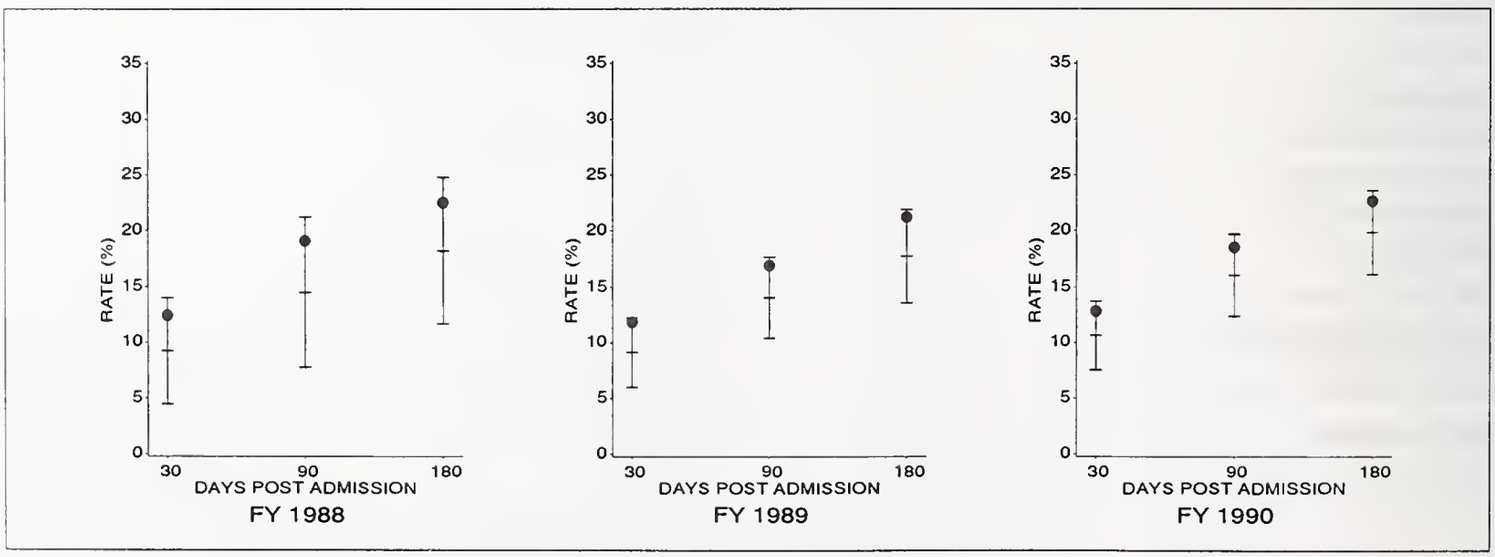
430 MAIN STREET
OAK HILL, WV 25901
Medicare Provider Number: 510060

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	756	12.8	10.6	1.5	18.5	16.0	1.8	22.6	19.8	1.9
CONDITIONS:										
Acute Myocardial Infarction	20	45.0	26.6	-----	50.0	30.8	-----	60.0	34.0	-----
Congestive Heart Failure	38	28.9	16.2	-----	34.2	25.8	-----	44.7	32.6	-----
Pneumonia/Influenza	45	20.0	18.2	-----	24.4	26.2	-----	33.3	31.2	-----
Chronic Obstructive Pulmonary Disease	17	11.8	5.5	-----	11.8	10.2	-----	23.5	14.0	-----
Transient Cerebral Ischemia	17	0.0	1.8	-----	0.0	4.0	-----	5.9	6.5	-----
Stroke	33	18.2	20.3	-----	27.3	28.5	-----	33.3	33.4	-----
Hip Fracture	17	0.0	7.1	-----	0.0	12.4	-----	5.9	15.7	-----
Sepsis	9	33.3	19.3	-----	44.4	26.0	-----	44.4	30.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	1.2	-----	0.0	2.5	-----	0.0	4.1	-----
Carotid Endarterectomy	9	0.0	1.5	-----	0.0	2.8	-----	0.0	4.5	-----
Hip Replacement/Reconstruction	8	0.0	7.1	-----	0.0	13.1	-----	0.0	16.9	-----
Open Reduction of Hip Fracture	6	0.0	5.9	-----	0.0	10.3	-----	0.0	13.0	-----
Prostatectomy	15	6.7	1.0	-----	6.7	2.0	-----	13.3	3.3	-----
Cholecystectomy	15	0.0	2.3	-----	0.0	4.0	-----	0.0	5.2	-----
Hysterectomy	1	0.0	0.7	-----	0.0	1.4	-----	0.0	2.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PLATEAU MEDICAL CENTER
Medicare Provider Number: 510060

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	61.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	47.6 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	1.7 %
Admitted for emergency	1.2 %

COMORBIDITIES:

Cancer	5.2 %
Chronic cardiovascular disease	45.4 %
Chronic liver disease	1.2 %
Chronic renal disease	4.2 %
Chronic pulmonary disease	31.3 %
Cerebrovascular degeneration	3.7 %
Diabetes mellitus	8.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.8%
State	10.0%
Outside State	2.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	80
Occupancy Rate	71.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	51.2 %
Case Mix Index (CMI)	1.1635

STAFFING:

Total Number of Physicians	29
Percent of Physicians Board Certified Specialists	75.9 %
Medical Residents/Interns	0
Registered Nurses	48
Licensed Practical Nurses	25

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

* Not used in calculating mortality rates

PLEASANT VALLEY HOSPITAL

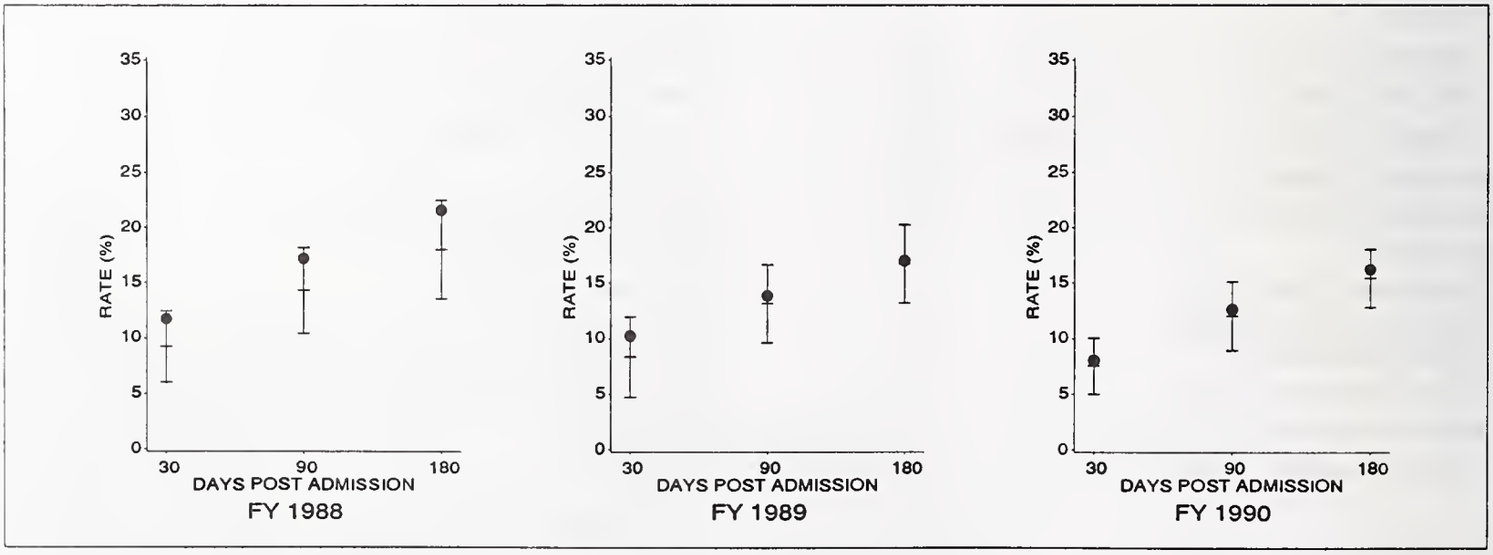
VALLEY DRIVE
POINT PLEASANT, WV 25550
Medicare Provider Number: 510012

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	950	8.0	7.5	1.3	12.6	12.0	1.6	16.2	15.4	1.3
CONDITIONS:										
Acute Myocardial Infarction	23	17.4	23.8	-----	17.4	26.8	-----	21.7	29.1	-----
Congestive Heart Failure	60	20.0	14.7	7.0	26.7	23.1	9.2	33.3	29.1	7.7
Pneumonia/Influenza	42	7.1	16.8	-----	14.3	23.2	-----	19.0	27.9	-----
Chronic Obstructive Pulmonary Disease	35	2.9	6.3	-----	20.0	11.8	-----	28.6	16.2	-----
Transient Cerebral Ischemia	34	0.0	1.9	-----	0.0	4.1	-----	0.0	6.5	-----
Stroke	20	40.0	21.1	-----	50.0	27.0	-----	50.0	30.7	-----
Hip Fracture	14	7.1	6.0	-----	7.1	10.6	-----	7.1	14.1	-----
Sepsis	1	0.0	22.4	-----	0.0	28.5	-----	0.0	35.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	6.4	-----	0.0	11.2	-----	0.0	14.8	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	0.0	4.4	-----	0.0	8.9	-----	0.0	12.6	-----
Open Reduction of Hip Fracture	9	11.1	5.7	-----	11.1	10.2	-----	11.1	13.6	-----
Prostatectomy	15	0.0	0.7	-----	0.0	1.7	-----	0.0	3.0	-----
Cholecystectomy	26	0.0	2.0	-----	0.0	3.8	-----	0.0	5.5	-----
Hysterectomy	3	0.0	0.2	-----	0.0	0.4	-----	0.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PLEASANT VALLEY HOSPITAL
Medicare Provider Number: 510012

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.3 years
Proportion female	54.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	34.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	3.1 %
Admitted for emergency	65.1 %

COMORBIDITIES:

Cancer	6.2 %
Chronic cardiovascular disease	41.7 %
Chronic liver disease	0.6 %
Chronic renal disease	3.2 %
Chronic pulmonary disease	23.7 %
Cerebrovascular degeneration	8.7 %
Diabetes mellitus	8.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	64.4%
State	10.3%
Outside State	25.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	208
Occupancy Rate	69.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.0609

STAFFING:

Total Number of Physicians	25
Percent of Physicians Board Certified Specialists	40.0 %
Medical Residents/Interns	0
Registered Nurses	76
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

POCAHONTAS MEMORIAL HOSPITAL

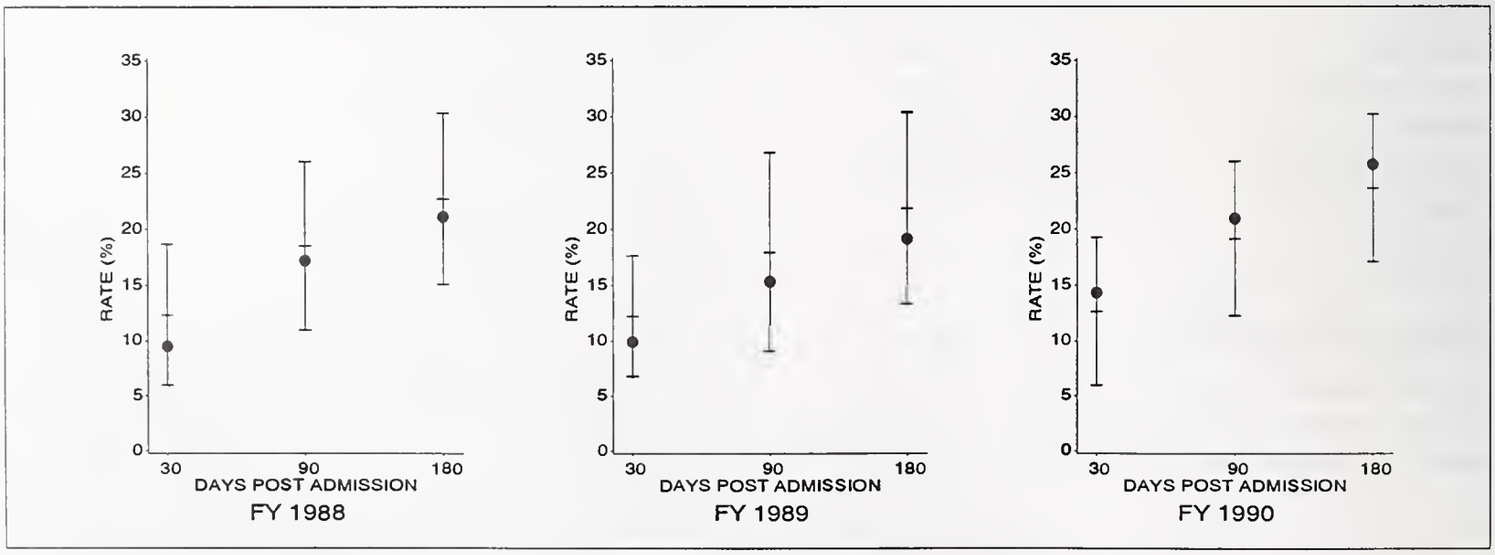
103 8TH ST
MARLINTON, WV 24954
Medicare Provider Number: 510043

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	230	14.3	12.6	3.3	20.9	19.1	3.4	25.7	23.6	3.3
CONDITIONS:										
Acute Myocardial Infarction	7	42.9	35.9	-----	42.9	38.5	-----	42.9	41.5	-----
Congestive Heart Failure	13	7.7	14.8	-----	15.4	23.2	-----	23.1	30.1	-----
Pneumonia/Influenza	41	14.6	15.6	-----	24.4	22.3	-----	29.3	26.3	-----
Chronic Obstructive Pulmonary Disease	7	14.3	7.3	-----	28.6	12.9	-----	28.6	17.1	-----
Transient Cerebral Ischemia	3	0.0	1.2	-----	0.0	2.7	-----	0.0	4.6	-----
Stroke	5	20.0	25.4	-----	20.0	30.8	-----	40.0	34.9	-----
Hip Fracture	0									
Sepsis	4	50.0	23.8	-----	50.0	33.0	-----	50.0	39.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



POCAHONTAS MEMORIAL HOSPITAL
Medicare Provider Number: 510043

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	77.7 years
Proportion female	65.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	34.3 %
Admitted for emergency	64.8 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	51.7 %
Chronic liver disease	0.4 %
Chronic renal disease	3.0 %
Chronic pulmonary disease	17.4 %
Cerebrovascular degeneration	9.1 %
Diabetes mellitus	12.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.9%
State	8.9%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.1 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	40
Occupancy Rate	35.0 %
Ownership/Control	Local Government
Medicare Discharges	72.4 %
Case Mix Index (CMI)	1.0202

STAFFING:

Total Number of Physicians	3
Percent of Physicians Board Certified Specialists	33.3 %
Medical Residents/Interns	0
Registered Nurses	11
Licensed Practical Nurses	7

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

POTOMAC VALLEY HOSPITAL

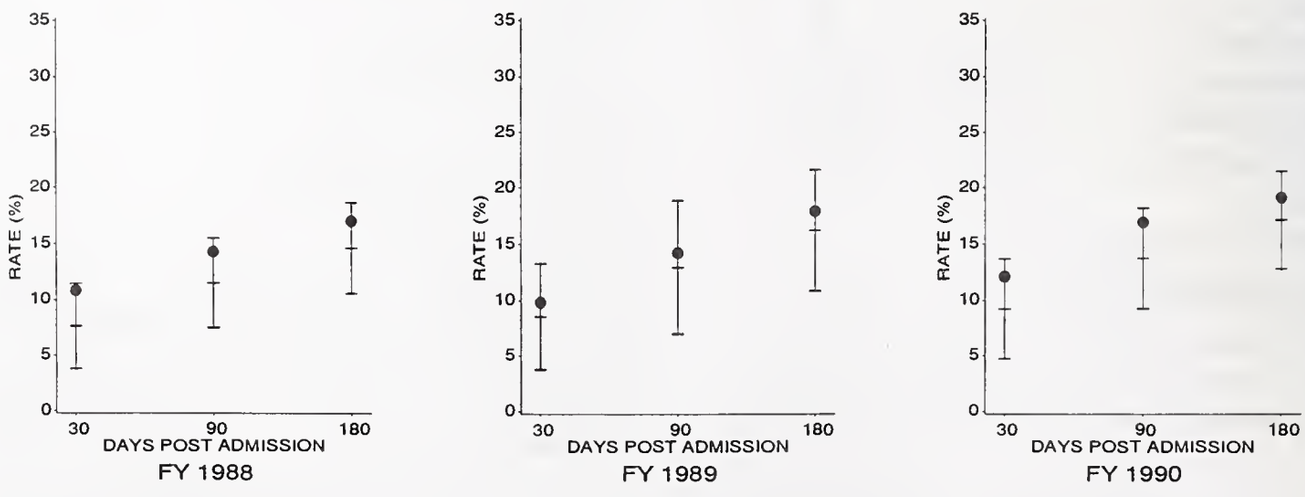
SOUTH MINERAL STREET
KEYSER, WV 26726
Medicare Provider Number: 510061

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	356	12.1	9.2	2.2	16.9	13.7	2.2	19.1	17.1	2.2
CONDITIONS:										
Acute Myocardial Infarction	18	38.9	26.5	-----	38.9	29.8	-----	38.9	32.8	-----
Congestive Heart Failure	36	16.7	12.9	-----	19.4	19.3	-----	25.0	24.8	-----
Pneumonia/Influenza	22	31.8	15.1	-----	31.8	21.0	-----	31.8	25.0	-----
Chronic Obstructive Pulmonary Disease	10	20.0	6.6	-----	20.0	11.6	-----	30.0	15.8	-----
Transient Cerebral Ischemia	7	0.0	2.2	-----	14.3	5.4	-----	28.6	9.0	-----
Stroke	19	26.3	14.1	-----	31.6	20.3	-----	31.6	24.0	-----
Hip Fracture	2	0.0	3.0	-----	0.0	6.4	-----	0.0	9.2	-----
Sepsis	3	0.0	9.3	-----	0.0	15.5	-----	33.3	19.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	1	0.0	2.3	-----	0.0	4.8	-----	0.0	6.6	-----
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	12	0.0	1.1	-----	0.0	1.9	-----	0.0	2.5	-----
Hysterectomy	1	0.0	0.5	-----	0.0	1.2	-----	0.0	2.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



POTOMAC VALLEY HOSPITAL
Medicare Provider Number: 510061

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.4 years
Proportion female	64.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	99.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	2.0 %
Admitted for emergency	34.8 %

COMORBIDITIES:

Cancer	3.7 %
Chronic cardiovascular disease	47.2 %
Chronic liver disease	0.3 %
Chronic renal disease	1.1 %
Chronic pulmonary disease	20.5 %
Cerebrovascular degeneration	0.8 %
Diabetes mellitus	15.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.0%
State	4.5%
Outside State	18.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	51
Occupancy Rate	45.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	49.3 %
Case Mix Index (CMI)	1.1314

STAFFING:

Total Number of Physicians	13
Percent of Physicians Board Certified Specialists	61.5 %
Medical Residents/Interns	(Not Available)
Registered Nurses	(Not Available)
Licensed Practical Nurses	(Not Available)

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

PRESTON MEMORIAL HOSPITAL

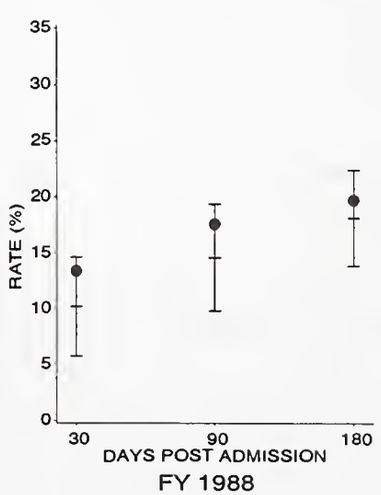
300 SOUTH PRICE ST
KINGWOOD, WV 26537
Medicare Provider Number: 510005

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

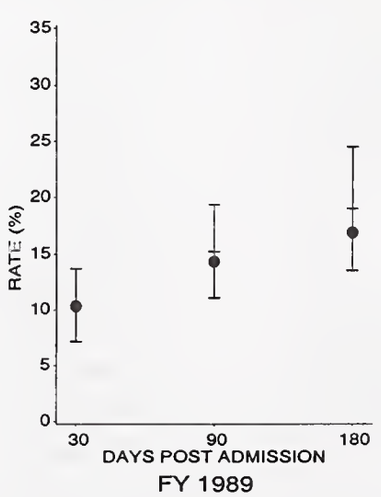
CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	369	10.0	9.8	1.6	14.1	14.4	2.0	18.4	17.8	2.3
CONDITIONS:										
Acute Myocardial Infarction	11	27.3	30.8	-----	27.3	33.6	-----	27.3	36.5	-----
Congestive Heart Failure	35	14.3	14.2	-----	22.9	22.4	-----	28.6	28.4	-----
Pneumonia/Influenza	34	17.6	11.5	-----	20.6	16.0	-----	23.5	19.2	-----
Chronic Obstructive Pulmonary Disease	6	0.0	9.8	-----	33.3	18.1	-----	50.0	24.5	-----
Transient Cerebral Ischemia	2	0.0	1.0	-----	0.0	2.1	-----	0.0	3.4	-----
Stroke	15	26.7	22.1	-----	33.3	27.7	-----	33.3	31.3	-----
Hip Fracture	8	25.0	9.4	-----	25.0	16.1	-----	25.0	20.0	-----
Sepsis	1	0.0	20.7	-----	0.0	24.9	-----	0.0	30.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	7	28.6	9.1	-----	28.6	16.0	-----	28.6	20.1	-----
Prostatectomy	0									
Cholecystectomy	6	0.0	1.8	-----	0.0	3.3	-----	0.0	4.3	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.3	-----	0.0	0.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

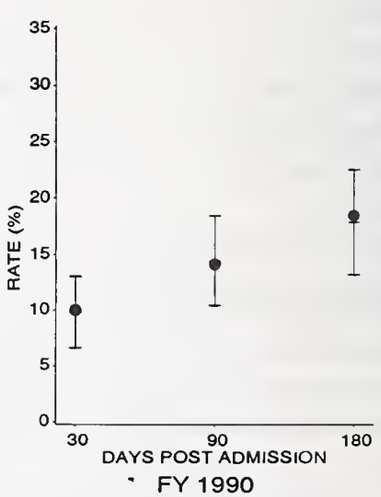
OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FY 1988



FY 1989



FY 1990

PRESTON MEMORIAL HOSPITAL
Medicare Provider Number: 510005

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.3 years
Proportion female	52.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	64.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.5 %
Admitted for emergency	52.0 %

COMORBIDITIES:

Cancer	4.3 %
Chronic cardiovascular disease	38.8 %
Chronic liver disease	0.8 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	13.8 %
Cerebrovascular degeneration	6.5 %
Diabetes mellitus	10.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	92.1%
State	5.1%
Outside State	2.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.8 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	58
Occupancy Rate	39.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	46.7 %
Case Mix Index (CMI)	0.9864

STAFFING:

Total Number of Physicians	20
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	27
Licensed Practical Nurses	12

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

* Not used in calculating mortality rates

PRINCETON COMMUNITY HOSPITAL

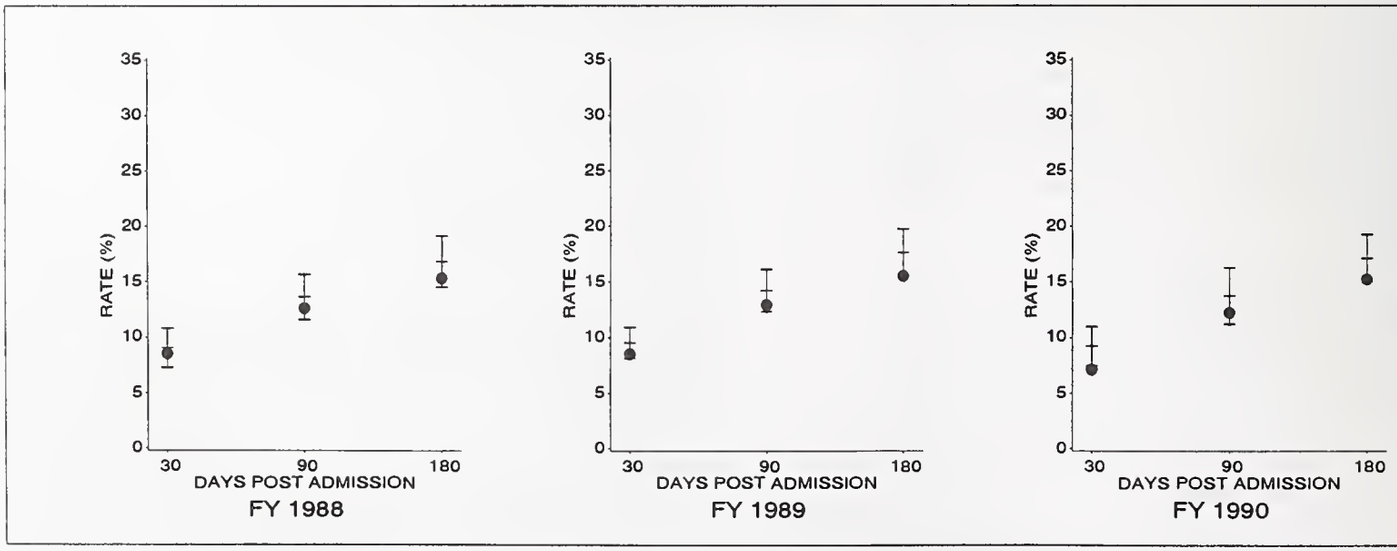
12TH ST EXTENSION
PRINCETON, WV 24740
Medicare Provider Number: 510046

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2015	7.1	9.2	0.9	12.2	13.7	1.3	15.2	17.1	1.1
CONDITIONS:										
Acute Myocardial Infarction	81	13.6	28.9	6.9	22.2	31.5	6.3	24.7	34.1	6.1
Congestive Heart Failure	109	18.3	14.6	5.4	30.3	23.1	7.0	36.7	29.5	8.0
Pneumonia/Influenza	134	11.2	15.7	5.3	17.9	21.4	4.5	22.4	25.3	4.3
Chronic Obstructive Pulmonary Disease	50	6.0	10.8	-----	12.0	18.1	-----	16.0	23.2	-----
Transient Cerebral Ischemia	22	0.0	2.0	-----	0.0	4.0	-----	4.5	6.2	-----
Stroke	59	22.0	20.5	6.1	28.8	27.4	5.9	33.9	31.4	6.8
Hip Fracture	65	6.2	7.8	3.4	12.3	13.9	4.9	12.3	17.8	5.7
Sepsis	17	5.9	21.1	-----	5.9	26.2	-----	17.6	30.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	7.7	4.3	-----	7.7	8.8	-----	7.7	12.9	-----
Carotid Endarterectomy	12	0.0	1.5	-----	8.3	3.1	-----	8.3	4.8	-----
Hip Replacement/Reconstruction	61	3.3	4.9	3.5	8.2	8.7	5.5	8.2	11.2	5.8
Open Reduction of Hip Fracture	33	3.0	7.0	-----	3.0	13.0	-----	3.0	17.0	-----
Prostatectomy	56	0.0	1.6	2.1	1.8	3.7	2.7	1.8	6.1	4.1
Cholecystectomy	66	1.5	2.1	2.1	3.0	3.9	3.3	3.0	5.3	3.8
Hysterectomy	15	0.0	0.7	-----	0.0	1.5	-----	0.0	2.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PRINCETON COMMUNITY HOSPITAL

Medicare Provider Number: 510046

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.4 years
Proportion female	53.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	12.2 %
Admitted for emergency	68.6 %

COMORBIDITIES:

Cancer	6.8 %
Chronic cardiovascular disease	44.8 %
Chronic liver disease	0.7 %
Chronic renal disease	2.3 %
Chronic pulmonary disease	47.2 %
Cerebrovascular degeneration	2.9 %
Diabetes mellitus	8.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	64.6%
State	26.6%
Outside State	8.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	211
Occupancy Rate	73.0 %
Ownership/Control	Local Government
Medicare Discharges	37.2 %
Case Mix Index (CMI)	1.2762

STAFFING:

Total Number of Physicians	62
Percent of Physicians Board Certified Specialists	74.2 %
Medical Residents/Interns	0
Registered Nurses	133
Licensed Practical Nurses	135

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

RALEIGH GENERAL HOSPITAL

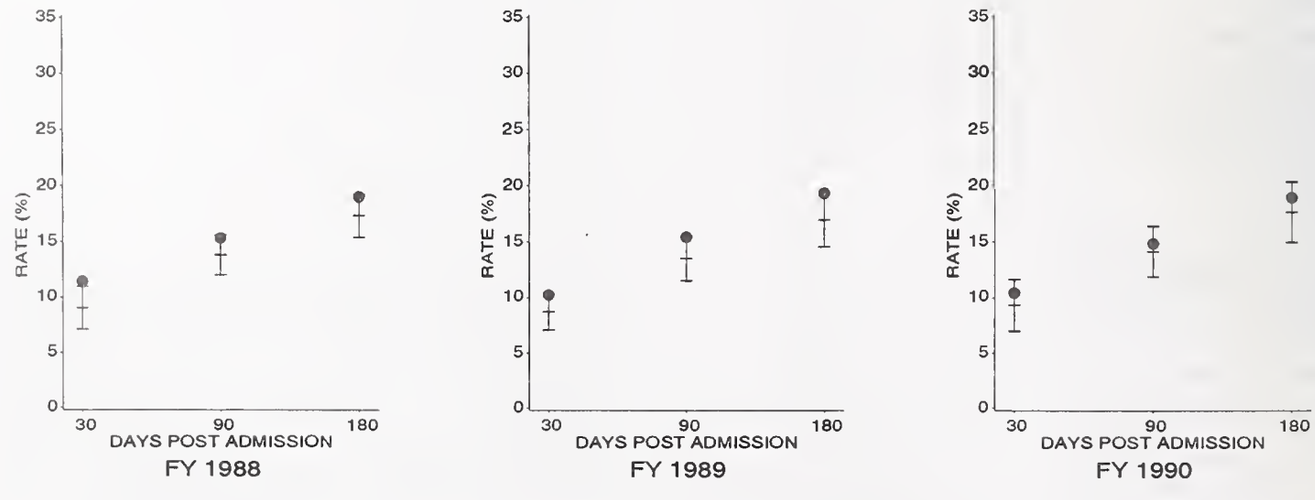
1710 HARPER ROAD
BECKLEY, WV 25801
Medicare Provider Number: 510070

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2111	10.4	9.3	1.2	14.8	14.1	1.1	18.9	17.6	1.4
CONDITIONS:										
Acute Myocardial Infarction	81	27.2	23.6	5.0	28.4	26.3	5.0	29.6	29.0	5.5
Congestive Heart Failure	120	15.0	15.1	3.6	23.3	24.0	4.4	28.3	30.1	4.9
Pneumonia/Influenza	95	15.8	14.7	3.8	20.0	20.1	4.3	23.2	23.6	4.7
Chronic Obstructive Pulmonary Disease	46	4.3	5.9	-----	10.9	11.3	-----	19.6	15.6	-----
Transient Cerebral Ischemia	42	4.8	1.7	-----	9.5	3.8	-----	11.9	6.2	-----
Stroke	81	23.5	19.6	5.6	28.4	26.8	5.0	32.1	30.7	5.5
Hip Fracture	63	4.8	6.7	3.9	6.3	11.5	6.9	7.9	14.8	7.8
Sepsis	43	23.3	28.7	-----	39.5	38.4	-----	41.9	43.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	3.6	-----	0.0	5.6	-----	0.0	7.3	-----
Carotid Endarterectomy	1	0.0	10.0	-----	0.0	22.3	-----	0.0	32.1	-----
Hip Replacement/Reconstruction	30	0.0	4.6	-----	3.3	8.6	-----	6.7	11.5	-----
Open Reduction of Hip Fracture	27	7.4	6.8	-----	7.4	12.1	-----	11.1	16.0	-----
Prostatectomy	93	0.0	0.7	1.2	0.0	1.7	2.9	4.3	3.0	2.1
Cholecystectomy	54	0.0	1.7	2.4	1.9	3.1	3.0	3.7	4.2	3.2
Hysterectomy	20	5.0	0.5	-----	5.0	1.0	-----	5.0	1.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



RALEIGH GENERAL HOSPITAL
Medicare Provider Number: 510070

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.2 years
Proportion female	54.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	18.6 %
Admitted for emergency	60.1 %

COMORBIDITIES:

Cancer	8.0 %
Chronic cardiovascular disease	40.6 %
Chronic liver disease	0.8 %
Chronic renal disease	4.5 %
Chronic pulmonary disease	25.1 %
Cerebrovascular degeneration	2.5 %
Diabetes mellitus	6.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	56.2%
State	41.7%
Outside State	2.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.1 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	275
Occupancy Rate	54.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	34.0 %
Case Mix Index (CMI)	1.1494

STAFFING:

Total Number of Physicians	124
Percent of Physicians Board Certified Specialists	59.7 %
Medical Residents/Interns	0
Registered Nurses	120
Licensed Practical Nurses	127

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

REYNOLDS MEMORIAL HOSPITAL

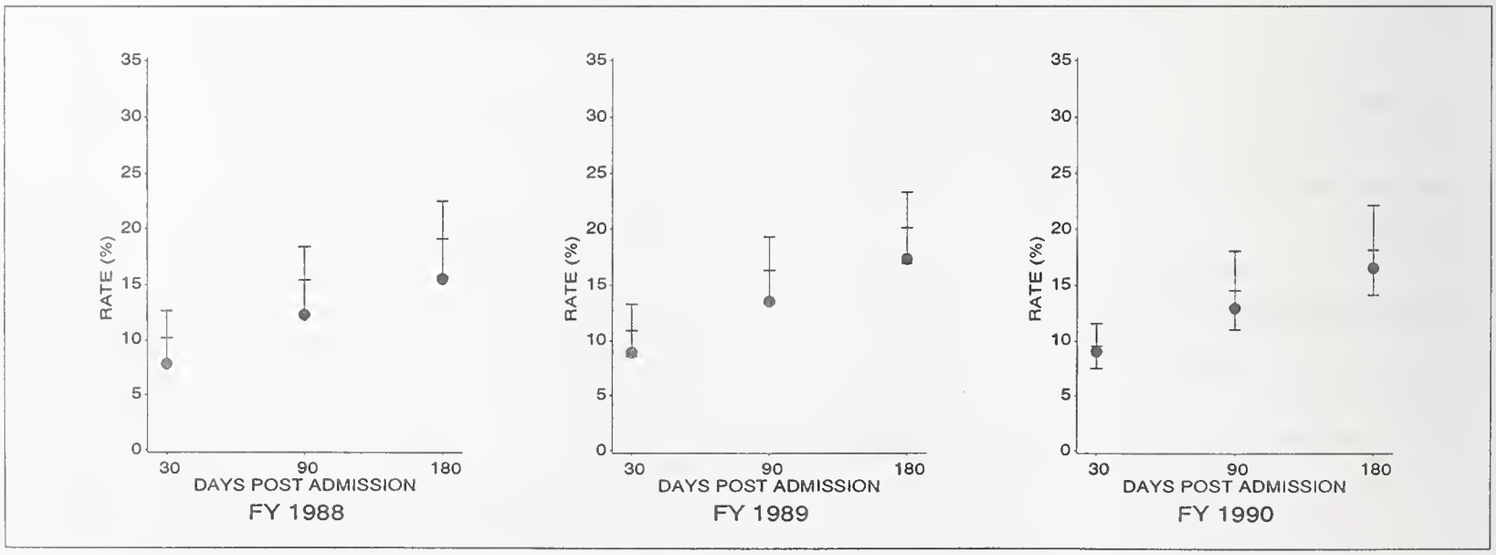
800 WHEELING AVE
GLEN DALE, WV 26038
Medicare Provider Number: 510013

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1170	9.0	9.5	1.0	12.9	14.5	1.8	16.5	18.1	2.0
CONDITIONS:										
Acute Myocardial Infarction	33	42.4	30.9	-----	45.5	34.6	-----	51.5	37.5	-----
Congestive Heart Failure	108	12.0	13.8	3.7	19.4	22.1	4.8	23.1	28.3	6.1
Pneumonia/Influenza	59	15.3	13.5	4.7	16.9	18.7	5.4	23.7	22.5	5.7
Chronic Obstructive Pulmonary Disease	35	2.9	4.2	-----	2.9	8.4	-----	5.7	12.2	-----
Transient Cerebral Ischemia	35	0.0	2.0	-----	2.9	4.0	-----	2.9	6.2	-----
Stroke	55	12.7	14.1	6.4	20.0	20.5	5.6	27.3	24.0	6.8
Hip Fracture	29	0.0	4.9	-----	13.8	9.1	-----	13.8	12.2	-----
Sepsis	11	9.1	35.0	-----	9.1	41.5	-----	27.3	45.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	4.3	-----	0.0	8.7	-----	0.0	13.0	-----
Carotid Endarterectomy	11	0.0	1.3	-----	0.0	2.3	-----	0.0	3.4	-----
Hip Replacement/Reconstruction	7	0.0	3.5	-----	14.3	6.7	-----	14.3	9.1	-----
Open Reduction of Hip Fracture	20	0.0	4.8	-----	10.0	9.0	-----	10.0	12.1	-----
Prostatectomy	36	0.0	1.1	-----	5.6	2.5	-----	5.6	4.3	-----
Cholecystectomy	16	6.3	1.7	-----	6.3	3.0	-----	12.5	3.9	-----
Hysterectomy	4	0.0	0.4	-----	0.0	1.0	-----	0.0	1.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



REYNOLDS MEMORIAL HOSPITAL
Medicare Provider Number: 510013

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	58.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	10.8 %
Admitted for emergency	37.9 %

COMORBIDITIES:

Cancer	6.8 %
Chronic cardiovascular disease	46.3 %
Chronic liver disease	0.9 %
Chronic renal disease	1.1 %
Chronic pulmonary disease	26.5 %
Cerebrovascular degeneration	1.6 %
Diabetes mellitus	10.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	78.1%
State	14.8%
Outside State	7.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	120
Occupancy Rate	57.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	47.0 %
Case Mix Index (CMI)	1.1563

STAFFING:

Total Number of Physicians	59
Percent of Physicians Board Certified Specialists	45.8 %
Medical Residents/Interns	0
Registered Nurses	112
Licensed Practical Nurses	69

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

RICHWOOD AREA MEDICAL CENTER

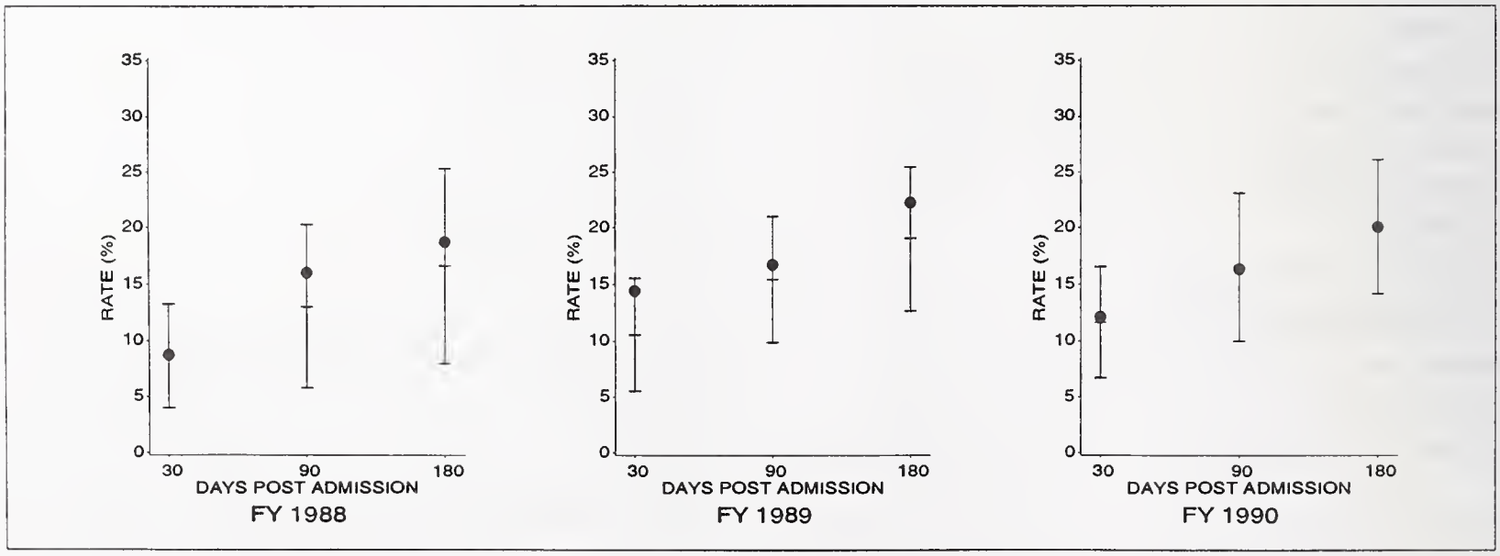
RIVERSIDE ADDITION
RICHWOOD, WV 26261
Medicare Provider Number: 510016

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	190	12.1	11.6	2.5	16.3	16.5	3.3	20.0	20.1	3.0
CONDITIONS:										
Acute Myocardial Infarction	5	20.0	13.4	-----	40.0	16.4	-----	40.0	19.4	-----
Congestive Heart Failure	11	18.2	16.0	-----	27.3	24.2	-----	45.5	30.2	-----
Pneumonia/Influenza	40	27.5	19.4	-----	30.0	26.2	-----	32.5	30.9	-----
Chronic Obstructive Pulmonary Disease	2	0.0	5.4	-----	0.0	11.0	-----	0.0	15.8	-----
Transient Cerebral Ischemia	2	0.0	2.4	-----	0.0	5.0	-----	0.0	7.7	-----
Stroke	1	0.0	31.3	-----	0.0	41.8	-----	0.0	49.1	-----
Hip Fracture	0									
Sepsis	2	0.0	33.5	-----	0.0	43.2	-----	50.0	47.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	3	0.0	2.7	-----	0.0	4.7	-----	0.0	6.1	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



RICHWOOD AREA MEDICAL CENTER

Medicare Provider Number: 510016

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.6 years
Proportion female	50.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	87.9 %
Transferred from skilled nursing facility	1.1 %
Admitted for elective procedure	12.6 %
Admitted for emergency	55.3 %

COMORBIDITIES:

Cancer	5.8 %
Chronic cardiovascular disease	54.2 %
Chronic liver disease	1.1 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	23.2 %
Cerebrovascular degeneration	2.6 %
Diabetes mellitus	6.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.5%
State	12.5%
Outside State	0.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.3 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	42
Occupancy Rate	33.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	35.8 %
Case Mix Index (CMI)	1.0046

STAFFING:

Total Number of Physicians	8
Percent of Physicians Board Certified Specialists	37.5 %
Medical Residents/Interns	0
Registered Nurses	11
Licensed Practical Nurses	10

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

ROANE GENERAL HOSPITAL

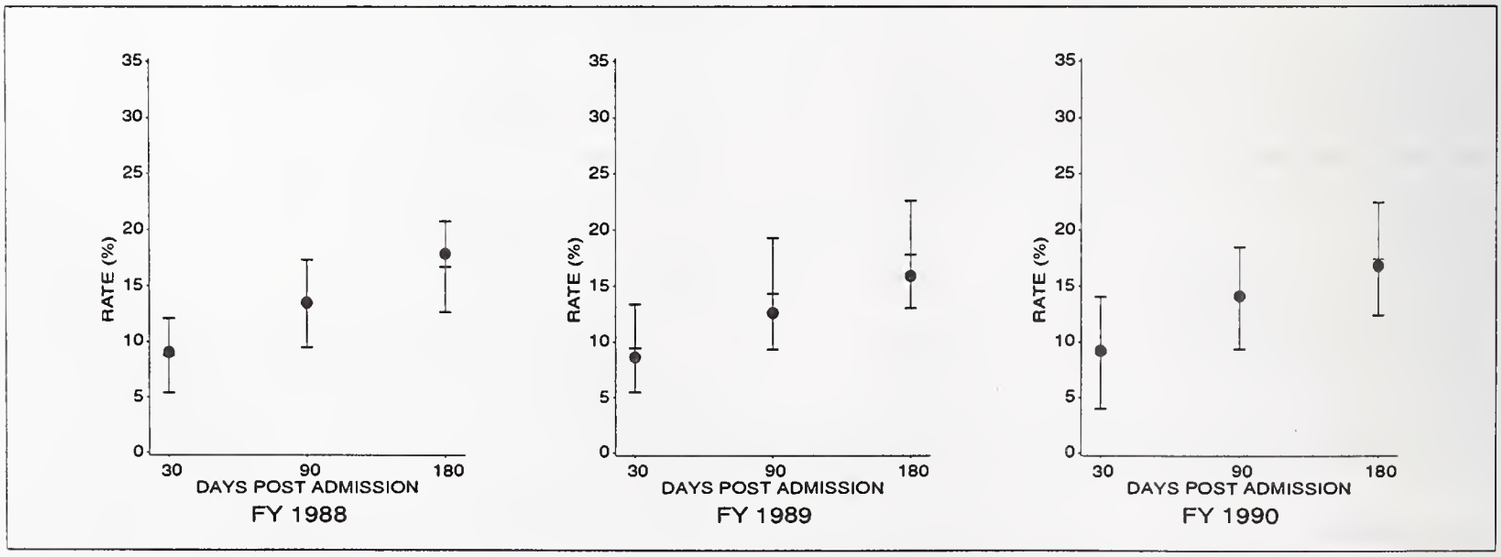
200 HOSPITAL DRIVE
SPENCER, WV 25276
Medicare Provider Number: 510081

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	469	9.2	9.0	2.5	14.1	13.9	2.3	16.8	17.4	2.5
CONDITIONS:										
Acute Myocardial Infarction	12	66.7	23.4	-----	66.7	26.1	-----	66.7	29.0	-----
Congestive Heart Failure	47	17.0	16.4	-----	31.9	25.8	-----	34.0	32.3	-----
Pneumonia/Influenza	61	4.9	13.5	5.7	4.9	18.6	7.8	9.8	22.1	7.4
Chronic Obstructive Pulmonary Disease	22	0.0	5.3	-----	13.6	10.5	-----	18.2	15.1	-----
Transient Cerebral Ischemia	24	0.0	2.1	-----	4.2	4.7	-----	4.2	7.5	-----
Stroke	19	36.8	17.5	-----	42.1	23.8	-----	42.1	27.3	-----
Hip Fracture	1	0.0	5.2	-----	0.0	11.3	-----	0.0	15.9	-----
Sepsis	6	16.7	12.7	-----	33.3	18.1	-----	33.3	21.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	10	0.0	1.0	-----	0.0	2.4	-----	0.0	4.2	-----
Cholecystectomy	3	0.0	1.3	-----	0.0	2.1	-----	0.0	2.6	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ROANE GENERAL HOSPITAL
Medicare Provider Number: 510081

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.6 years
Proportion female	53.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	12.4 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	1.5 %
Admitted for emergency	0.4 %

COMORBIDITIES:

Cancer	4.5 %
Chronic cardiovascular disease	43.5 %
Chronic liver disease	0.9 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	37.3 %
Cerebrovascular degeneration	1.3 %
Diabetes mellitus	5.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.6%
State	21.1%
Outside State	1.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.3 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	64
Occupancy Rate	46.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	42.4 %
Case Mix Index (CMI)	1.0584

STAFFING:

Total Number of Physicians	11
Percent of Physicians Board Certified Specialists	54.5 %
Medical Residents/Interns	0
Registered Nurses	32
Licensed Practical Nurses	29

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

SISTERVILLE GENERAL HOSPITAL

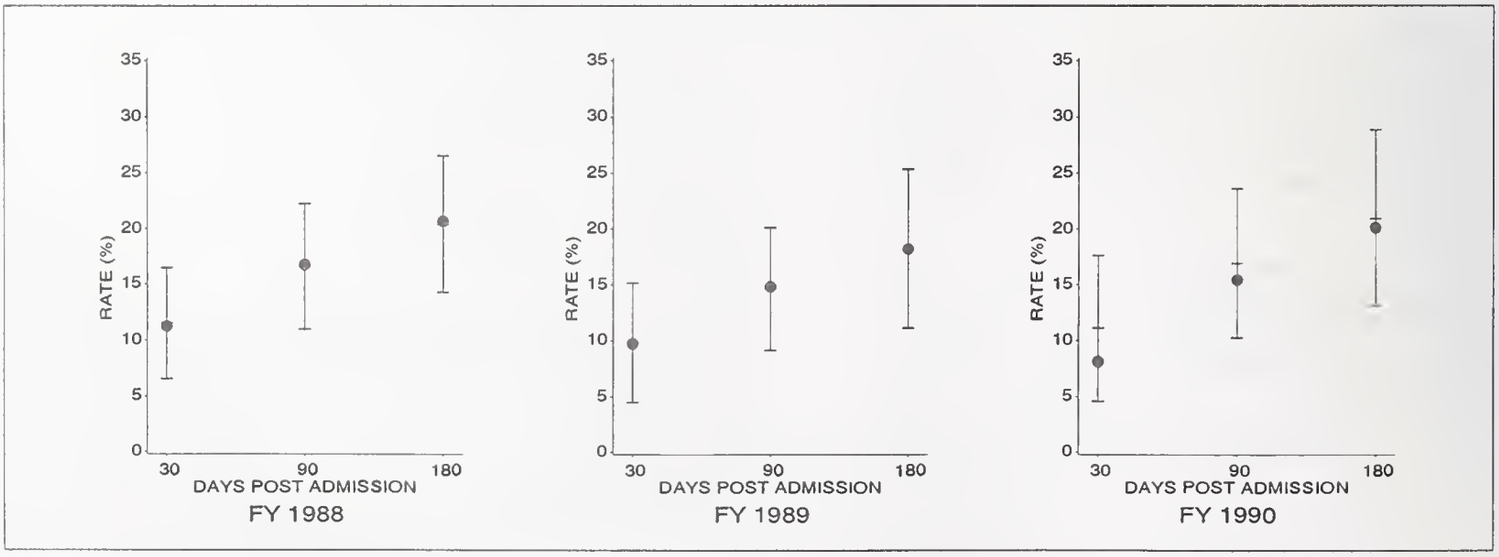
314 S WELLS ST
SISTERSVILLE, WV 26175
Medicare Provider Number: 510065

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	149	8.1	11.1	3.3	15.4	16.9	3.3	20.1	20.9	3.9
CONDITIONS:										
Acute Myocardial Infarction	2	50.0	37.4	-----	50.0	42.3	-----	50.0	45.1	-----
Congestive Heart Failure	9	33.3	20.1	-----	33.3	29.9	-----	44.4	36.4	-----
Pneumonia/Influenza	20	0.0	11.3	-----	5.0	15.5	-----	15.0	18.5	-----
Chronic Obstructive Pulmonary Disease	5	0.0	4.1	-----	0.0	7.4	-----	20.0	10.1	-----
Transient Cerebral Ischemia	3	0.0	1.2	-----	0.0	3.0	-----	33.3	5.0	-----
Stroke	7	42.9	23.2	-----	42.9	30.5	-----	42.9	35.4	-----
Hip Fracture	0									
Sepsis	1	0.0	7.3	-----	0.0	10.4	-----	0.0	13.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	1	0.0	2.2	-----	0.0	4.2	-----	0.0	5.2	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SISTERVILLE GENERAL HOSPITAL
Medicare Provider Number: 510065

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.5 years
Proportion female	57.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.5 %
Transferred from skilled nursing facility	0.7 %
Admitted for elective procedure	18.8 %
Admitted for emergency	60.4 %

COMORBIDITIES:

Cancer	7.4 %
Chronic cardiovascular disease	34.9 %
Chronic liver disease	0.7 %
Chronic renal disease	2.0 %
Chronic pulmonary disease	33.6 %
Cerebrovascular degeneration	4.7 %
Diabetes mellitus	8.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	70.1%
State	23.6%
Outside State	6.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.3 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	18
Occupancy Rate	38.0 %
Ownership/Control	Local Government
Medicare Discharges	43.3 %
Case Mix Index (CMI)	1.0024

STAFFING:

Total Number of Physicians	4
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	12
Licensed Practical Nurses	8

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

ST FRANCIS HOSPITAL

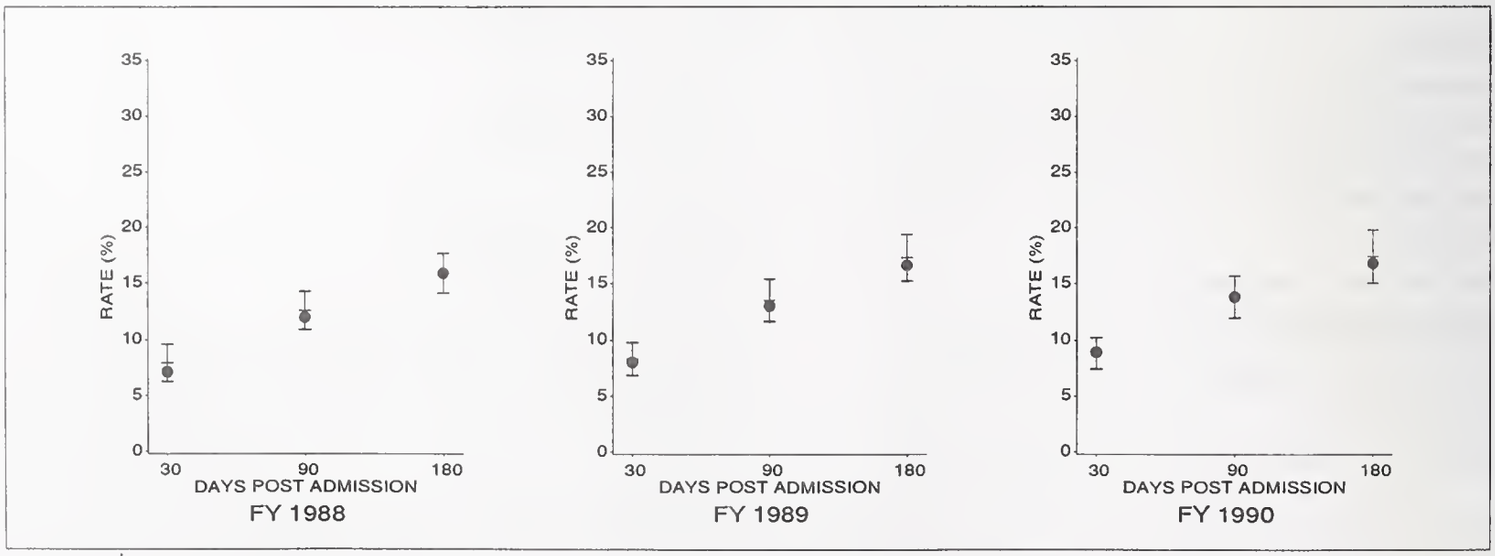
333 LAIDLEY ST
CHARLESTON, WV 25301
Medicare Provider Number: 510031

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1802	8.9	8.8	0.7	13.8	13.8	0.9	16.8	17.4	1.2
CONDITIONS:										
Acute Myocardial Infarction	31	45.2	26.7	-----	45.2	30.3	-----	45.2	33.1	-----
Congestive Heart Failure	94	14.9	14.2	3.6	25.5	22.5	4.7	27.7	28.9	4.9
Pneumonia/Influenza	75	14.7	13.7	4.9	20.0	18.8	4.7	22.7	22.6	4.8
Chronic Obstructive Pulmonary Disease	39	20.5	7.2	-----	25.6	12.5	-----	28.2	16.8	-----
Transient Cerebral Ischemia	38	0.0	1.2	-----	0.0	2.9	-----	5.3	4.8	-----
Stroke	58	20.7	15.9	5.8	25.9	22.9	6.1	31.0	26.8	7.1
Hip Fracture	20	15.0	8.2	-----	25.0	13.6	-----	25.0	17.1	-----
Sepsis	28	21.4	19.4	-----	35.7	27.5	-----	39.3	32.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	12	8.3	4.6	-----	25.0	9.1	-----	25.0	12.6	-----
Carotid Endarterectomy	13	0.0	1.6	-----	0.0	3.1	-----	0.0	4.5	-----
Hip Replacement/Reconstruction	27	3.7	2.1	-----	3.7	4.0	-----	3.7	5.6	-----
Open Reduction of Hip Fracture	5	0.0	8.1	-----	0.0	13.6	-----	0.0	17.4	-----
Prostatectomy	59	0.0	0.9	1.8	0.0	2.0	3.8	5.1	3.6	3.4
Cholecystectomy	62	0.0	2.7	3.2	3.2	5.0	3.4	3.2	6.7	4.4
Hysterectomy	25	0.0	0.7	-----	0.0	1.5	-----	0.0	2.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST FRANCIS HOSPITAL
Medicare Provider Number: 510031

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.3 years
Proportion female	56.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	55.0 %
Transferred from skilled nursing facility	0.2 %
Admitted for elective procedure	1.3 %
Admitted for emergency	0.5 %

COMORBIDITIES:

Cancer	8.5 %
Chronic cardiovascular disease	32.2 %
Chronic liver disease	0.8 %
Chronic renal disease	3.2 %
Chronic pulmonary disease	21.0 %
Cerebrovascular degeneration	2.4 %
Diabetes mellitus	8.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	74.2%
State	24.5%
Outside State	1.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	206
Occupancy Rate	55.0 %
Ownership/Control	Church
Medicare Discharges	45.4 %
Case Mix Index (CMI)	1.2356

STAFFING:

Total Number of Physicians	114
Percent of Physicians Board Certified Specialists	66.7 %
Medical Residents/Interns	0
Registered Nurses	83
Licensed Practical Nurses	22

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

ST JOSEPH HOSPITAL

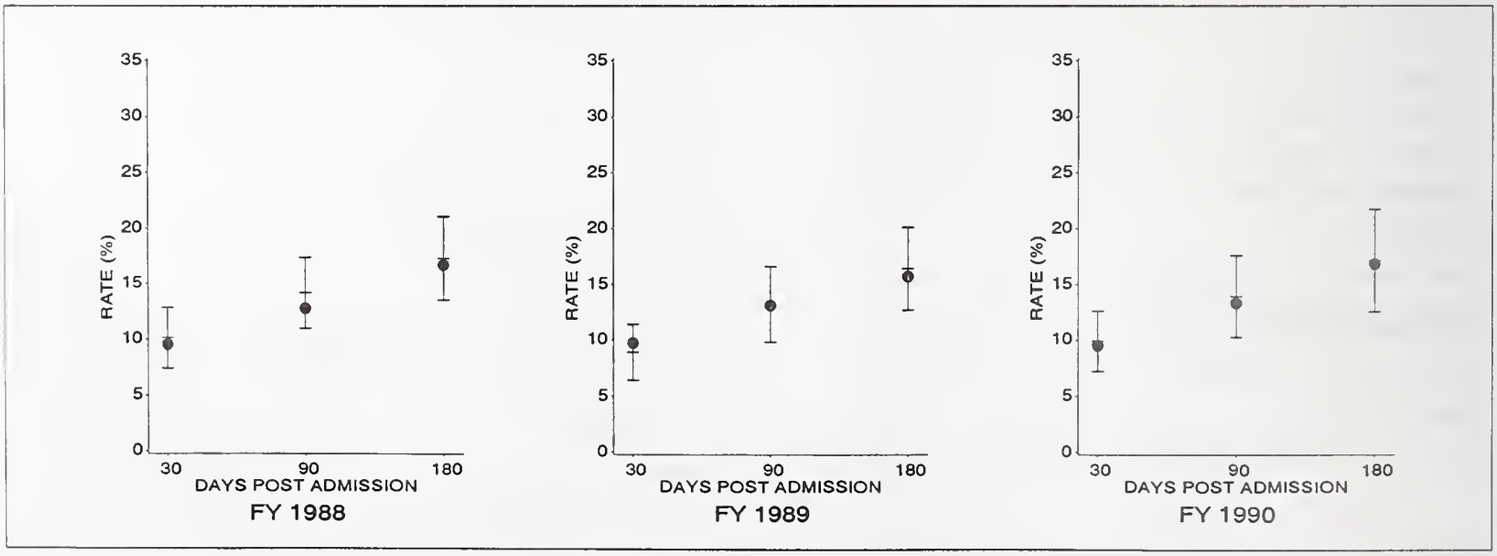
AMALIA DRIVE
BUCKHANNON, WV 26201
Medicare Provider Number: 510053

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	517	9.5	9.9	1.4	13.3	13.9	1.8	16.8	17.1	2.3
CONDITIONS:										
Acute Myocardial Infarction	25	24.0	28.9	-----	32.0	32.3	-----	32.0	35.5	-----
Congestive Heart Failure	38	10.5	15.4	-----	15.8	23.2	-----	23.7	29.9	-----
Pneumonia/Influenza	34	20.6	20.4	-----	26.5	27.6	-----	26.5	31.7	-----
Chronic Obstructive Pulmonary Disease	12	16.7	6.4	-----	16.7	12.1	-----	25.0	16.9	-----
Transient Cerebral Ischemia	6	0.0	2.8	-----	0.0	5.8	-----	0.0	8.7	-----
Stroke	14	7.1	23.8	-----	14.3	30.2	-----	21.4	33.8	-----
Hip Fracture	20	5.0	7.0	-----	10.0	12.7	-----	10.0	16.4	-----
Sepsis	2	50.0	19.1	-----	50.0	23.7	-----	50.0	26.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	7	0.0	4.6	-----	0.0	8.7	-----	0.0	12.0	-----
Open Reduction of Hip Fracture	4	25.0	11.2	-----	25.0	21.2	-----	25.0	27.4	-----
Prostatectomy	9	0.0	0.4	-----	0.0	1.1	-----	0.0	2.0	-----
Cholecystectomy	7	0.0	1.4	-----	0.0	2.4	-----	0.0	3.0	-----
Hysterectomy	6	0.0	0.9	-----	0.0	2.3	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOSEPH HOSPITAL
Medicare Provider Number: 510053

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.1 years
Proportion female	60.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	19.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	6.6 %
Admitted for emergency	79.5 %

COMORBIDITIES:

Cancer	4.3 %
Chronic cardiovascular disease	45.1 %
Chronic liver disease	0.0 %
Chronic renal disease	4.4 %
Chronic pulmonary disease	16.8 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	5.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	78.4%
State	19.2%
Outside State	2.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	95
Occupancy Rate	50.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.8 %
Case Mix Index (CMI)	1.0100

STAFFING:

Total Number of Physicians	16
Percent of Physicians Board Certified Specialists	81.3 %
Medical Residents/Interns	0
Registered Nurses	55
Licensed Practical Nurses	24

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

ST JOSEPHS HOSPITAL

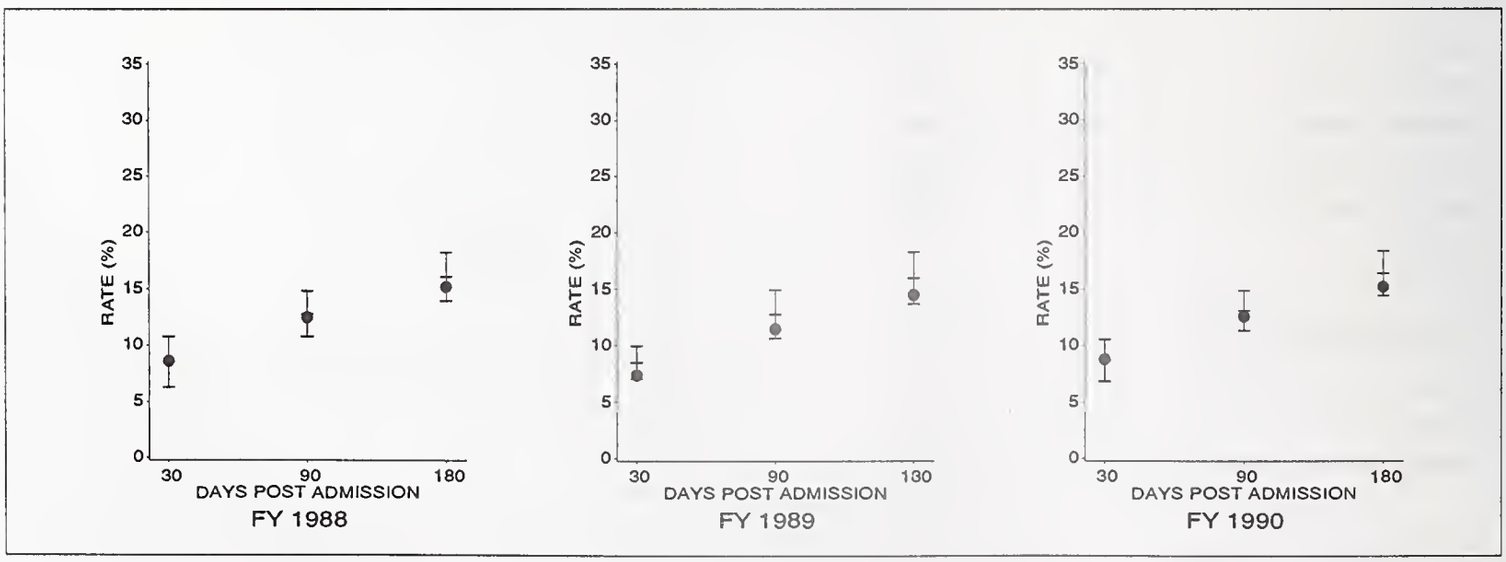
19TH ST & MURDOCK AVE
PARKERSBURG, WV 26101
Medicare Provider Number: 510033

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	2277	8.8	8.7	0.9	12.6	13.1	0.9	15.2	16.4	1.0
CONDITIONS:										
Acute Myocardial Infarction	68	26.5	33.3	8.4	27.9	36.1	9.1	29.4	39.3	10.0
Congestive Heart Failure	107	19.6	17.6	5.2	30.8	27.9	7.1	40.2	34.5	6.9
Pneumonia/Influenza	134	23.1	17.6	5.1	27.6	24.0	4.5	29.9	28.2	4.1
Chronic Obstructive Pulmonary Disease	45	6.7	8.5	-----	17.8	15.4	-----	22.2	20.8	-----
Transient Cerebral Ischemia	28	0.0	2.2	-----	3.6	4.8	-----	3.6	7.6	-----
Stroke	82	19.5	23.8	6.8	23.2	30.1	7.8	25.6	34.1	8.9
Hip Fracture	61	8.2	6.1	3.9	14.8	10.9	5.7	18.0	14.2	6.7
Sepsis	15	40.0	30.0	-----	40.0	39.4	-----	46.7	44.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	12	0.0	4.6	-----	0.0	8.7	-----	0.0	12.4	-----
Carotid Endarterectomy	4	0.0	1.3	-----	0.0	2.4	-----	0.0	3.5	-----
Hip Replacement/Reconstruction	62	1.6	2.2	1.9	3.2	4.1	2.7	4.8	5.6	3.2
Open Reduction of Hip Fracture	8	0.0	3.9	-----	0.0	7.0	-----	0.0	9.5	-----
Prostatectomy	97	3.1	1.3	2.0	5.2	2.7	2.3	5.2	4.4	3.6
Cholecystectomy	65	3.1	2.0	2.0	4.6	3.7	2.5	4.6	4.9	3.2
Hysterectomy	12	0.0	0.3	-----	0.0	0.7	-----	0.0	1.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOSEPHS HOSPITAL
Medicare Provider Number: 510033

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.2 years
Proportion female	56.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	41.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	27.8 %
Admitted for emergency	57.2 %

COMORBIDITIES:

Cancer	5.9 %
Chronic cardiovascular disease	30.6 %
Chronic liver disease	0.8 %
Chronic renal disease	5.3 %
Chronic pulmonary disease	20.8 %
Cerebrovascular degeneration	3.2 %
Diabetes mellitus	6.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	55.0%
State	26.5%
Outside State	18.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.5 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	279
Occupancy Rate	60.0 %
Ownership/Control	Church
Medicare Discharges	39.6 %
Case Mix Index (CMI)	1.2052

STAFFING:

Total Number of Physicians	99
Percent of Physicians Board Certified Specialists	68.7 %
Medical Residents/Interns	0
Registered Nurses	191
Licensed Practical Nurses	97

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

ST MARYS HOSPITAL

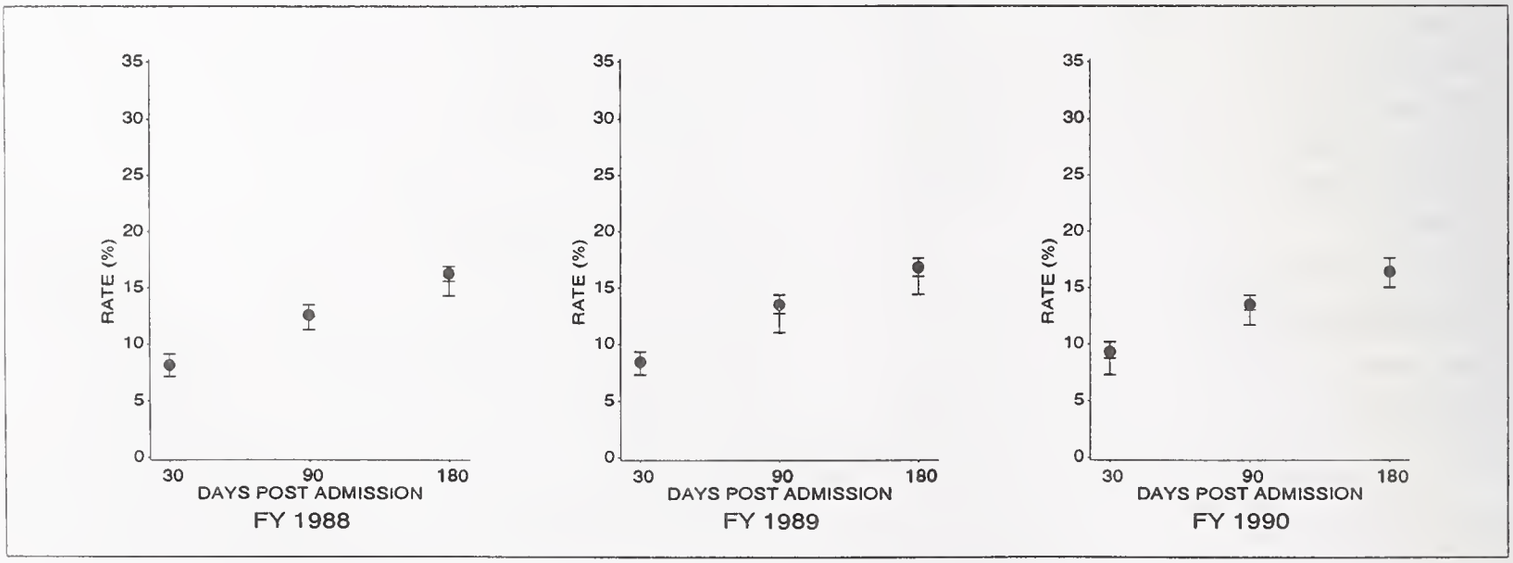
2900 1ST AVE
HUNTINGTON, WV 25701
Medicare Provider Number: 510007

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3913	9.3	8.7	0.7	13.5	13.0	0.7	16.4	16.3	0.7
CONDITIONS:										
Acute Myocardial Infarction	162	27.2	27.2	3.6	30.2	30.0	4.3	32.7	32.8	4.7
Congestive Heart Failure	177	11.3	13.9	3.1	17.5	21.8	3.8	26.0	27.7	3.7
Pneumonia/Influenza	198	18.7	17.2	3.5	27.8	23.7	5.3	32.8	27.9	5.9
Chronic Obstructive Pulmonary Disease	39	10.3	6.1	-----	15.4	11.9	-----	17.9	16.7	-----
Transient Cerebral Ischemia	79	0.0	1.7	2.9	3.8	3.8	2.8	6.3	6.1	2.8
Stroke	140	20.7	21.9	4.9	25.0	27.9	4.6	30.7	31.6	4.3
Hip Fracture	88	8.0	5.7	3.3	10.2	10.2	4.3	14.8	13.3	4.1
Sepsis	36	16.7	22.9	-----	19.4	30.3	-----	22.2	34.7	-----
PROCEDURES:										
Angioplasty	48	10.4	3.6	-----	10.4	4.4	-----	10.4	5.2	-----
Coronary Artery Bypass Graft	89	6.7	4.9	3.5	9.0	6.6	4.2	11.2	7.6	4.7
Initial Pacemaker Insertion	19	5.3	1.8	-----	5.3	3.6	-----	5.3	5.5	-----
Carotid Endarterectomy	53	0.0	1.2	1.9	1.9	2.2	2.0	3.8	3.3	2.6
Hip Replacement/Reconstruction	70	1.4	2.5	2.2	2.9	4.6	3.0	2.9	6.1	4.4
Open Reduction of Hip Fracture	38	2.6	4.4	-----	2.6	8.0	-----	10.5	10.7	-----
Prostatectomy	112	0.9	0.9	1.4	3.6	2.2	2.3	6.2	3.8	3.5
Cholecystectomy	83	6.0	2.5	3.2	7.2	4.6	3.0	7.2	6.1	2.8
Hysterectomy	22	9.1	1.5	-----	9.1	3.5	-----	13.6	5.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST MARYS HOSPITAL
Medicare Provider Number: 510007

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.7 years
Proportion female	51.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	43.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	33.1 %
Admitted for emergency	56.6 %

COMORBIDITIES:

Cancer	9.1 %
Chronic cardiovascular disease	36.7 %
Chronic liver disease	0.7 %
Chronic renal disease	1.8 %
Chronic pulmonary disease	16.9 %
Cerebrovascular degeneration	3.7 %
Diabetes mellitus	8.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	52.1%
State	25.1%
Outside State	22.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	440
Occupancy Rate	68.0 %
Ownership/Control	Church
Medicare Discharges	41.5 %
Case Mix Index (CMI)	1.3039

STAFFING:

Total Number of Physicians	152
Percent of Physicians Board Certified Specialists	78.3 %
Medical Residents/Interns	18
Registered Nurses	391
Licensed Practical Nurses	88

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

STONEWALL JACKSON MEMORIAL HOSPITAL

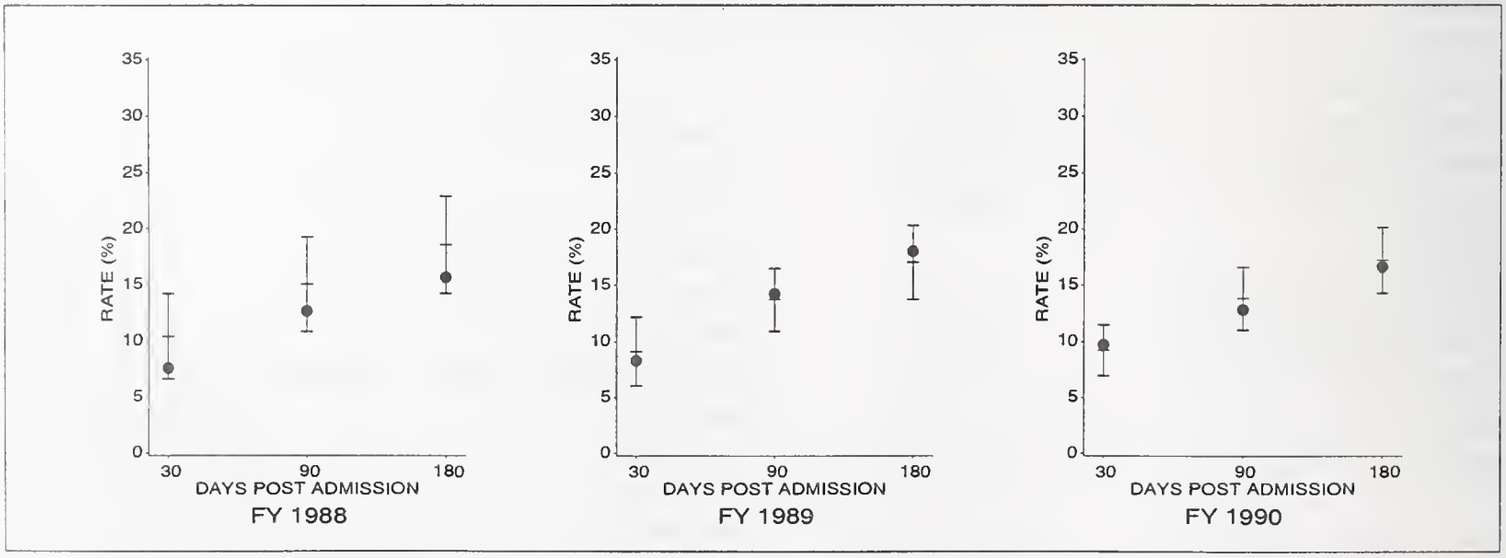
RT 4, BOX 10
WESTON, WV 26452
Medicare Provider Number: 510038

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	694	9.7	9.2	1.1	12.8	13.8	1.4	16.6	17.2	1.5
CONDITIONS:										
Acute Myocardial Infarction	19	21.1	24.1	-----	26.3	26.5	-----	31.6	29.1	-----
Congestive Heart Failure	66	15.2	14.0	4.9	21.2	22.1	5.7	31.8	28.3	6.5
Pneumonia/Influenza	61	9.8	14.0	5.9	13.1	19.8	7.9	14.8	23.4	9.2
Chronic Obstructive Pulmonary Disease	16	18.8	6.0	-----	18.8	11.2	-----	25.0	15.1	-----
Transient Cerebral Ischemia	4	0.0	1.9	-----	0.0	4.5	-----	0.0	7.3	-----
Stroke	31	25.8	20.2	-----	25.8	25.7	-----	32.3	29.8	-----
Hip Fracture	35	5.7	6.2	-----	11.4	10.9	-----	20.0	14.2	-----
Sepsis	4	0.0	27.7	-----	0.0	36.6	-----	0.0	40.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	1.4	-----	0.0	3.0	-----	0.0	4.5	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	11	9.1	7.5	-----	27.3	13.4	-----	27.3	17.1	-----
Open Reduction of Hip Fracture	19	5.3	4.8	-----	5.3	8.8	-----	21.1	12.0	-----
Prostatectomy	20	5.0	1.8	-----	5.0	4.4	-----	5.0	7.4	-----
Cholecystectomy	11	9.1	3.8	-----	9.1	7.3	-----	9.1	9.9	-----
Hysterectomy	2	0.0	0.2	-----	0.0	0.4	-----	0.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



STONEWALL JACKSON MEMORIAL HOSPITAL

Medicare Provider Number: 510038

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.3 years
Proportion female	62.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	25.4 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	0.0 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	5.3 %
Chronic cardiovascular disease	40.5 %
Chronic liver disease	0.6 %
Chronic renal disease	1.4 %
Chronic pulmonary disease	16.6 %
Cerebrovascular degeneration	4.9 %
Diabetes mellitus	6.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	58.3%
State	39.2%
Outside State	2.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	61
Occupancy Rate	42.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	53.2 %
Case Mix Index (CMI)	1.0558

STAFFING:

Total Number of Physicians	17
Percent of Physicians Board Certified Specialists	70.6 %
Medical Residents/Interns	0
Registered Nurses	51
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

SUMMERS COUNTY HOSPITAL

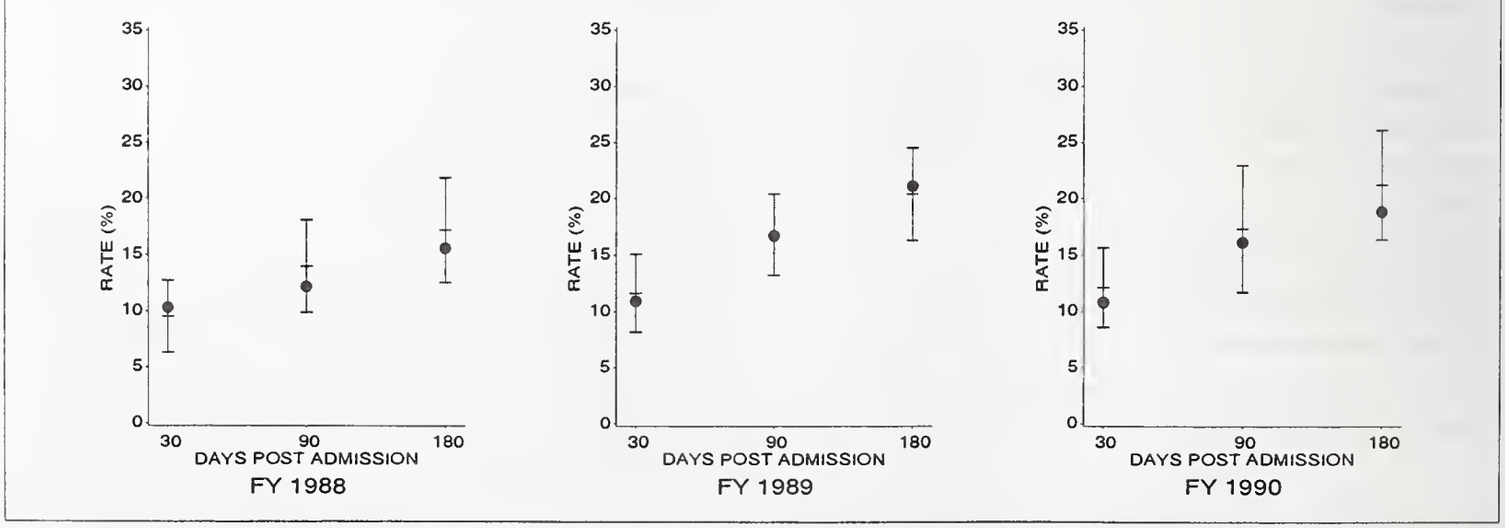
TERRACE ST, BOX 940
HINTON, WV 25951
Medicare Provider Number: 510080

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	372	10.8	12.1	1.8	16.1	17.3	2.8	18.8	21.2	2.4
CONDITIONS:										
Acute Myocardial Infarction	21	14.3	27.5	-----	14.3	30.6	-----	14.3	33.7	-----
Congestive Heart Failure	23	13.0	16.4	-----	21.7	25.2	-----	30.4	32.1	-----
Pneumonia/Influenza	42	9.5	13.6	-----	19.0	18.6	-----	19.0	22.1	-----
Chronic Obstructive Pulmonary Disease	12	16.7	10.4	-----	25.0	18.5	-----	33.3	24.6	-----
Transient Cerebral Ischemia	2	0.0	1.3	-----	0.0	2.8	-----	0.0	4.8	-----
Stroke	23	30.4	25.1	-----	30.4	33.5	-----	34.8	38.0	-----
Hip Fracture	0									
Sepsis	4	0.0	11.2	-----	0.0	15.2	-----	0.0	18.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	6	0.0	1.3	-----	0.0	3.6	-----	0.0	6.5	-----
Cholecystectomy	2	0.0	0.9	-----	0.0	1.9	-----	0.0	2.8	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SUMMERS COUNTY HOSPITAL
Medicare Provider Number: 510080

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.0 years
Proportion female	55.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	60.8 %

COMORBIDITIES:

Cancer	4.0 %
Chronic cardiovascular disease	46.5 %
Chronic liver disease	0.8 %
Chronic renal disease	1.6 %
Chronic pulmonary disease	24.7 %
Cerebrovascular degeneration	7.0 %
Diabetes mellitus	9.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.1%
State	21.0%
Outside State	1.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	95
Occupancy Rate	62.0 %
Ownership/Control	Local Government
Medicare Discharges	56.3 %
Case Mix Index (CMI)	0.9566

STAFFING:

Total Number of Physicians	12
Percent of Physicians Board Certified Specialists	16.7 %
Medical Residents/Interns	0
Registered Nurses	18
Licensed Practical Nurses	28

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

SUMMERVILLE MEMORIAL HOSPITAL

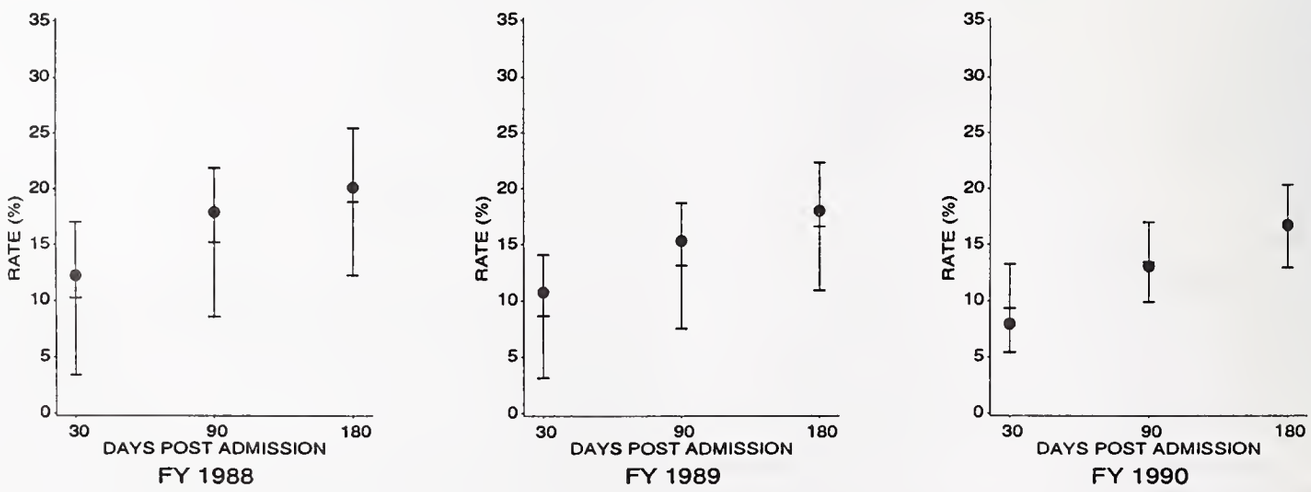
400 FAIRVIEW HTS RD
SUMMERSVILLE, WV 26651
Medicare Provider Number: 510082

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	407	7.9	9.3	2.0	13.0	13.4	1.8	16.7	16.6	1.9
CONDITIONS:										
Acute Myocardial Infarction	14	21.4	19.9	-----	21.4	22.3	-----	21.4	25.1	-----
Congestive Heart Failure	21	23.8	15.4	-----	38.1	24.2	-----	42.9	30.4	-----
Pneumonia/Influenza	41	9.8	13.0	-----	17.1	17.7	-----	22.0	21.2	-----
Chronic Obstructive Pulmonary Disease	13	0.0	5.3	-----	0.0	10.0	-----	0.0	13.8	-----
Transient Cerebral Ischemia	10	20.0	1.7	-----	20.0	3.9	-----	20.0	6.5	-----
Stroke	25	8.0	19.1	-----	24.0	25.0	-----	28.0	28.7	-----
Hip Fracture	1	0.0	7.9	-----	0.0	14.0	-----	0.0	16.8	-----
Sepsis	2	100.0	51.3	-----	100.0	63.7	-----	100.0	68.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	1.1	-----	0.0	2.3	-----	0.0	3.2	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	8	0.0	1.5	-----	0.0	2.8	-----	0.0	3.7	-----
Hysterectomy	3	0.0	0.6	-----	0.0	0.9	-----	0.0	1.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SUMMERVILLE MEMORIAL HOSPITAL
Medicare Provider Number: 510082

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.8 years
Proportion female	55.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	23.6 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	0.0 %
Admitted for emergency	0.7 %

COMORBIDITIES:

Cancer	5.2 %
Chronic cardiovascular disease	37.3 %
Chronic liver disease	0.7 %
Chronic renal disease	1.0 %
Chronic pulmonary disease	24.3 %
Cerebrovascular degeneration	4.2 %
Diabetes mellitus	5.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	76.4%
State	21.3%
Outside State	2.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	92
Occupancy Rate	82.0 %
Ownership/Control	Local Government
Medicare Discharges	31.2 %
Case Mix Index (CMI)	0.9641

STAFFING:

Total Number of Physicians	15
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	44
Licensed Practical Nurses	20

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

THE EYE & EAR CLINIC OF CHARLESTON

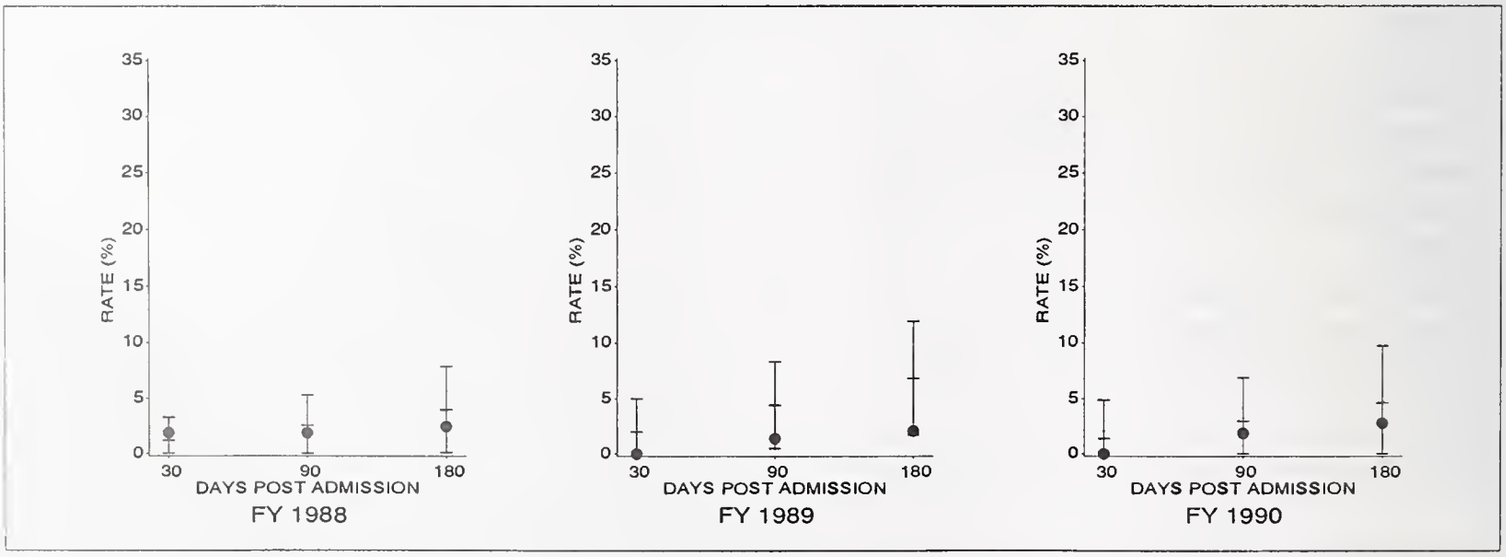
1306 KANAWHA BLVD EAST
CHARLESTON, WV 25301
Medicare Provider Number: 510059

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	107	0.0	1.4	1.7	1.9	3.0	1.9	2.8	4.6	2.5
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	0									
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE EYE & EAR CLINIC OF CHARLESTON

Medicare Provider Number: 510059

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.6 years
Proportion female	66.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	97.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	80.4 %
Admitted for emergency	1.9 %

COMORBIDITIES:

Cancer	4.7 %
Chronic cardiovascular disease	17.8 %
Chronic liver disease	0.0 %
Chronic renal disease	0.9 %
Chronic pulmonary disease	12.1 %
Cerebrovascular degeneration	0.9 %
Diabetes mellitus	10.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	40.9%
State	55.3%
Outside State	3.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	1.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	26
Occupancy Rate	7.7 %
Ownership/Control	Private, For Profit
Medicare Discharges	28.1 %
Case Mix Index (CMI)	1.1707

STAFFING:

Total Number of Physicians	11
Percent of Physicians Board Certified Specialists	81.8 %
Medical Residents/Interns	0
Registered Nurses	16
Licensed Practical Nurses	1

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

UNITED HOSPITAL CENTER

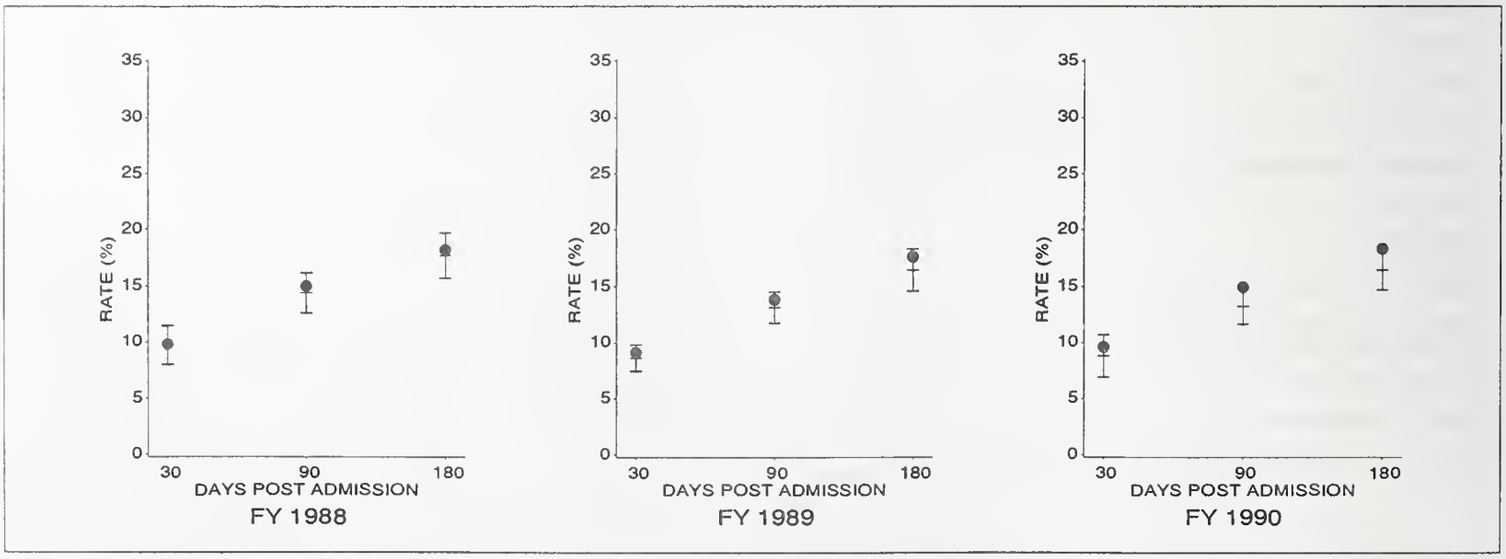
PO BOX 1605
CLARKSBURG, WV 26301
Medicare Provider Number: 510006

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3265	9.6	8.8	1.0	14.9	13.2	0.8	18.3	16.4	0.9
CONDITIONS:										
Acute Myocardial Infarction	122	24.6	25.7	4.1	29.5	28.6	4.5	31.1	31.3	4.3
Congestive Heart Failure	156	15.4	14.4	3.2	26.9	22.9	5.3	35.3	29.1	6.7
Pneumonia/Influenza	189	18.5	16.4	5.3	25.9	22.6	4.6	28.6	26.8	4.3
Chronic Obstructive Pulmonary Disease	26	0.0	5.4	-----	15.4	9.8	-----	15.4	13.5	-----
Transient Cerebral Ischemia	71	2.8	1.6	2.2	7.0	3.6	4.5	11.3	5.7	6.0
Stroke	112	23.2	20.6	8.7	33.0	27.7	9.4	39.3	31.6	9.5
Hip Fracture	70	7.1	6.6	5.1	14.3	11.3	6.0	15.7	14.4	6.1
Sepsis	37	24.3	21.5	-----	35.1	28.7	-----	40.5	33.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	19	5.3	2.7	-----	5.3	5.7	-----	10.5	8.5	-----
Carotid Endarterectomy	48	2.1	1.5	-----	4.2	2.8	-----	4.2	4.0	-----
Hip Replacement/Reconstruction	55	5.5	3.9	4.7	12.7	7.3	5.5	14.5	9.6	5.7
Open Reduction of Hip Fracture	24	0.0	6.3	-----	4.2	11.0	-----	4.2	14.1	-----
Prostatectomy	104	0.0	0.7	1.0	0.0	1.7	1.9	1.9	2.9	2.3
Cholecystectomy	57	1.8	1.9	2.0	3.5	3.5	3.7	3.5	4.5	4.2
Hysterectomy	27	3.7	0.7	-----	3.7	1.6	-----	3.7	2.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNITED HOSPITAL CENTER
Medicare Provider Number: 510006

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.0 years
Proportion female	57.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	45.6 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	17.8 %
Admitted for emergency	50.5 %

COMORBIDITIES:

Cancer	7.7 %
Chronic cardiovascular disease	33.9 %
Chronic liver disease	0.5 %
Chronic renal disease	4.1 %
Chronic pulmonary disease	15.7 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	7.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	72.4%
State	25.9%
Outside State	1.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.7 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	319
Occupancy Rate	62.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	43.5 %
Case Mix Index (CMI)	1.2274

STAFFING:

Total Number of Physicians	91
Percent of Physicians Board Certified Specialists	62.6 %
Medical Residents/Interns	20
Registered Nurses	207
Licensed Practical Nurses	78

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

WEBSTER COUNTY MEMORIAL HOSPITAL

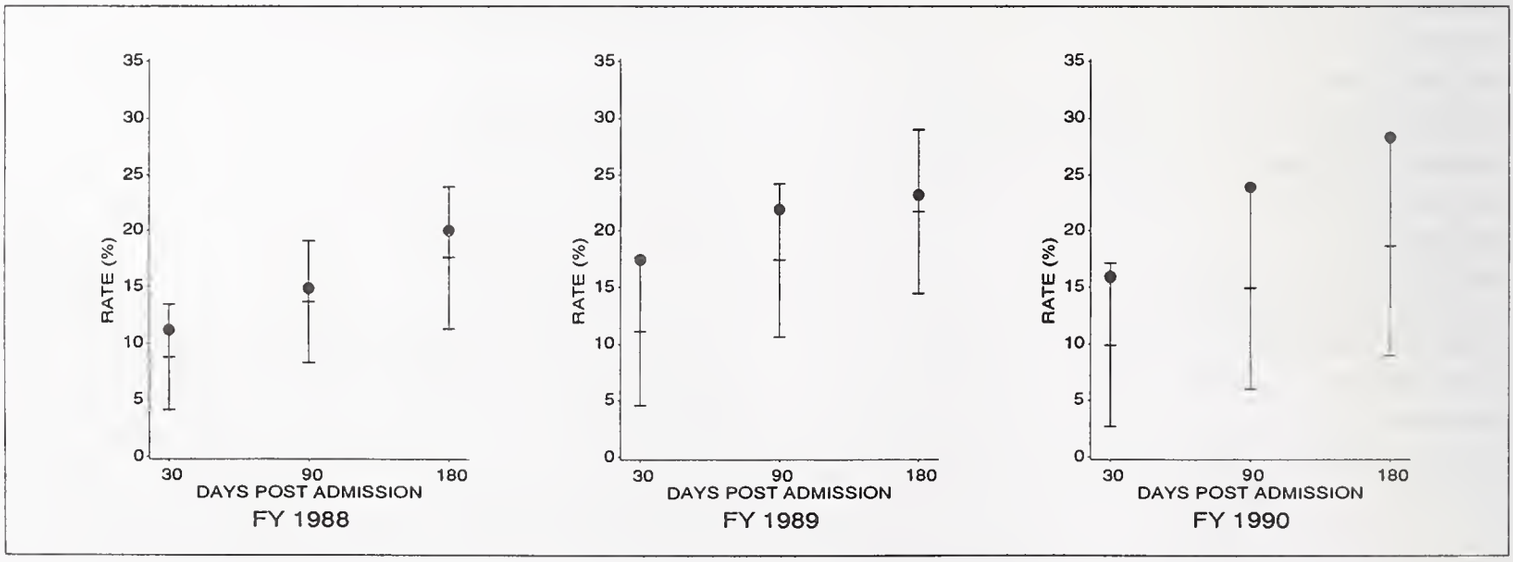
324 MILLER MTN DR
WEBSTER SPRINGS, WV 26288
Medicare Provider Number: 510025

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	138	15.9	9.9	3.6	23.9	14.9	4.5	28.3	18.6	4.9
CONDITIONS:										
Acute Myocardial Infarction	8	25.0	30.4	-----	25.0	34.4	-----	37.5	37.6	-----
Congestive Heart Failure	7	14.3	12.8	-----	28.6	21.2	-----	28.6	27.1	-----
Pneumonia/Influenza	4	25.0	16.4	-----	50.0	23.1	-----	50.0	27.5	-----
Chronic Obstructive Pulmonary Disease	8	12.5	9.3	-----	25.0	15.8	-----	37.5	21.1	-----
Transient Cerebral Ischemia	0									
Stroke	5	40.0	23.3	-----	60.0	31.9	-----	60.0	37.1	-----
Hip Fracture	2	0.0	6.1	-----	50.0	12.4	-----	50.0	18.3	-----
Sepsis	5	40.0	29.3	-----	60.0	39.0	-----	60.0	44.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	1	0.0	7.9	-----	0.0	16.2	-----	0.0	24.3	-----
Open Reduction of Hip Fracture	1	0.0	3.5	-----	100.0	7.6	-----	100.0	11.2	-----
Prostatectomy	0									
Cholecystectomy	3	0.0	1.8	-----	0.0	3.0	-----	0.0	3.9	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WEBSTER COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 510025

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.9 years
Proportion female	56.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	100.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	99.3 %

COMORBIDITIES:

Cancer	5.1 %
Chronic cardiovascular disease	31.9 %
Chronic liver disease	1.4 %
Chronic renal disease	0.7 %
Chronic pulmonary disease	21.7 %
Cerebrovascular degeneration	10.9 %
Diabetes mellitus	10.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	84.0%
State	11.4%
Outside State	4.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	35
Occupancy Rate	20.0 %
Ownership/Control	Local Government
Medicare Discharges	42.4 %
Case Mix Index (CMI)	1.0351

STAFFING:

Total Number of Physicians	5
Percent of Physicians Board Certified Specialists	80.0 %
Medical Residents/Interns	0
Registered Nurses	11
Licensed Practical Nurses	0

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

WEIRTON MEDICAL CENTER

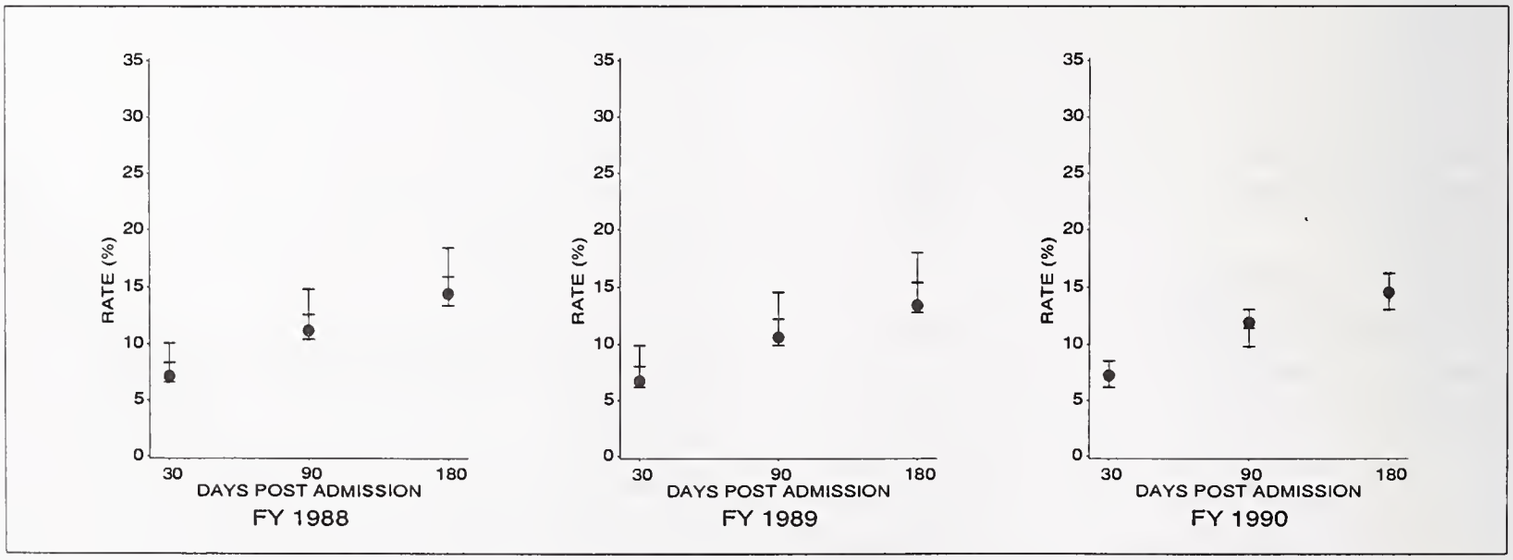
601 COLLIERS WAY
WEIRTON, WV 26062
Medicare Provider Number: 510023

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	1980	7.2	7.3	0.6	11.9	11.4	0.8	14.5	14.6	0.8
CONDITIONS:										
Acute Myocardial Infarction	31	35.5	23.2	-----	35.5	27.3	-----	35.5	30.3	-----
Congestive Heart Failure	152	20.4	15.1	5.0	30.3	24.2	6.1	38.8	30.6	6.7
Pneumonia/Influenza	99	14.1	14.0	3.9	19.2	19.3	4.0	22.2	22.8	4.6
Chronic Obstructive Pulmonary Disease	83	4.8	7.9	4.2	10.8	14.0	5.6	15.7	18.5	6.3
Transient Cerebral Ischemia	70	1.4	1.7	2.9	8.6	4.1	4.7	8.6	6.7	4.9
Stroke	61	18.0	20.7	5.5	29.5	26.9	6.1	32.8	30.6	6.5
Hip Fracture	25	0.0	6.0	-----	0.0	11.1	-----	0.0	14.7	-----
Sepsis	24	20.8	28.4	-----	29.2	36.1	-----	29.2	40.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	11	9.1	5.8	-----	27.3	10.7	-----	27.3	14.4	-----
Carotid Endarterectomy	5	0.0	1.5	-----	0.0	2.9	-----	0.0	4.4	-----
Hip Replacement/Reconstruction	11	0.0	2.9	-----	0.0	5.4	-----	0.0	7.1	-----
Open Reduction of Hip Fracture	17	0.0	5.2	-----	0.0	9.8	-----	0.0	13.2	-----
Prostatectomy	61	3.3	1.3	1.9	3.3	3.2	2.3	4.9	5.5	3.3
Cholecystectomy	31	3.2	1.7	-----	3.2	3.1	-----	6.5	4.0	-----
Hysterectomy	9	0.0	0.5	-----	0.0	1.3	-----	0.0	2.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WEIRTON MEDICAL CENTER
Medicare Provider Number: 510023

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.8 years
Proportion female	55.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	34.9 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	9.8 %
Admitted for emergency	70.6 %

COMORBIDITIES:

Cancer	5.1 %
Chronic cardicvascular disease	35.7 %
Chronic liver disease	0.6 %
Chronic renal disease	1.6 %
Chronic pulmonary disease	13.0 %
Cerebrovascular degeneration	2.3 %
Diabetes mellitus	12.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	63.5%
State	17.4%
Outside State	19.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.9 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	265
Occupancy Rate	54.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	44.6 %
Case Mix Index (CMI)	1.0104

STAFFING:

Total Number of Physicians	73
Percent of Physicians Board Certified Specialists	65.8 %
Medical Residents/Interns	0
Registered Nurses	140
Licensed Practical Nurses	6

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

WEIRTON OSTEOPATHIC HOSPITAL

3045 PENNA AVE
WEIRTON, WV 26062
Medicare Provider Number: 510076

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	50	0.0	4.3	-----	4.0	7.5	-----	6.0	10.2	-----
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	1	0.0	15.1	-----	0.0	25.6	-----	0.0	32.0	-----
Pneumonia/Influenza	3	0.0	6.5	-----	0.0	8.8	-----	0.0	10.5	-----
Chronic Obstructive Pulmonary Disease	2	0.0	4.8	-----	0.0	8.3	-----	0.0	12.3	-----
Transient Cerebral Ischemia	1	0.0	1.0	-----	0.0	2.5	-----	0.0	4.2	-----
Stroke	1	0.0	13.6	-----	0.0	20.1	-----	0.0	23.4	-----
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	1	0.0	21.6	-----	100.0	48.7	-----	100.0	69.8	-----
Hysterectomy	3	0.0	0.1	-----	0.0	0.2	-----	0.0	0.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

WEIRTON OSTEOPATHIC HOSPITAL
Medicare Provider Number: 510076

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	69.8 years
Proportion female	46.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	94.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	2.0 %

COMORBIDITIES:

Cancer	2.0 %
Chronic cardiovascular disease	24.0 %
Chronic liver disease	0.0 %
Chronic renal disease	2.0 %
Chronic pulmonary disease	14.0 %
Cerebrovascular degeneration	0.0 %
Diabetes mellitus	16.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	30.3%
State	17.2%
Outside State	52.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.2 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	16
Occupancy Rate	25.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	25.5 %
Case Mix Index (CMI)	0.9870

STAFFING:

Total Number of Physicians	28
Percent of Physicians Board Certified Specialists	35.7 %
Medical Residents/Interns	0
Registered Nurses	7
Licensed Practical Nurses	0

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

WELCH EMERGENCY HOSPITAL

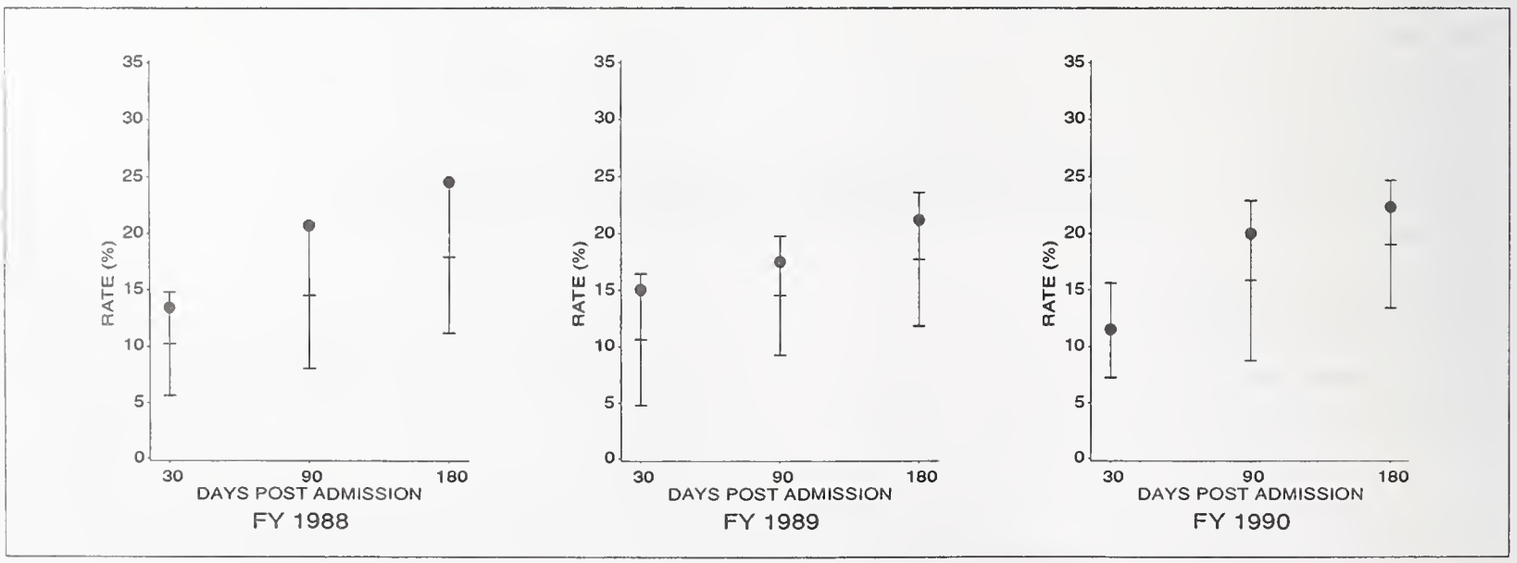
454 MCDOWELL STREET
WELCH, WV 24801
Medicare Provider Number: 510086

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	260	11.5	11.4	2.1	20.0	15.8	3.5	22.3	19.0	2.8
CONDITIONS:										
Acute Myocardial Infarction	10	40.0	34.7	-----	50.0	37.0	-----	50.0	39.6	-----
Congestive Heart Failure	17	5.9	11.9	-----	11.8	19.2	-----	11.8	24.3	-----
Pneumonia/Influenza	31	22.6	14.0	-----	35.5	19.4	-----	35.5	22.9	-----
Chronic Obstructive Pulmonary Disease	5	0.0	4.1	-----	0.0	8.7	-----	40.0	12.3	-----
Transient Cerebral Ischemia	4	25.0	3.3	-----	25.0	7.7	-----	50.0	12.5	-----
Stroke	19	15.8	19.8	-----	15.8	24.6	-----	15.8	28.1	-----
Hip Fracture	0									
Sepsis	1	100.0	39.0	-----	100.0	42.6	-----	100.0	45.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	1	0.0	1.1	-----	0.0	2.2	-----	0.0	2.8	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WELCH EMERGENCY HOSPITAL

Medicare Provider Number: 510086

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.2 years
Proportion female	56.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	39.6 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.4 %
Admitted for emergency	59.6 %

COMORBIDITIES:

Cancer	0.4 %
Chronic cardiovascular disease	38.8 %
Chronic liver disease	0.4 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	30.4 %
Cerebrovascular degeneration	0.8 %
Diabetes mellitus	13.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	0.0%
State	96.1%
Outside State	3.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)** - Survey Year 1987

PROFILE:

Total Beds	124
Ownership/Control	State Government
Case Mix Index (CMI)	1.1204

STAFFING:

Medical Residents/Interns	2
Registered Nurses	32
Licensed Practical Nurses	42

SPECIALTY SERVICES:

Burn Unit	No
Coronary Care Unit	No
Hospice Care	No
Intensive Care Unit	Yes
Organ Transplant	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

WEST VIRGINIA UNIVERSITY HOSPITAL

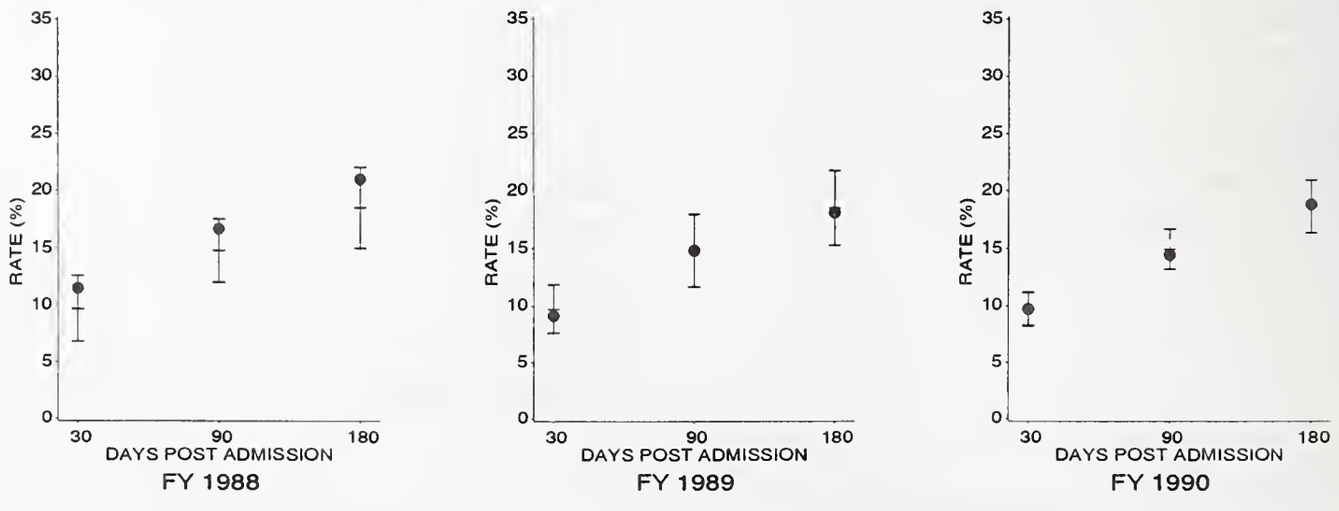
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506
Medicare Provider Number: 510001

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1967	9.7	9.7	0.7	14.4	14.9	0.9	18.8	18.6	1.2
CONDITIONS:										
Acute Myocardial Infarction	43	25.6	29.5	-----	27.9	32.1	-----	30.2	34.6	-----
Congestive Heart Failure	48	16.7	15.6	-----	25.0	24.8	-----	29.2	31.2	-----
Pneumonia/Influenza	49	14.3	19.8	-----	24.5	27.4	-----	32.7	31.7	-----
Chronic Obstructive Pulmonary Disease	13	15.4	11.2	-----	23.1	18.3	-----	23.1	23.2	-----
Transient Cerebral Ischemia	12	0.0	2.3	-----	0.0	4.7	-----	0.0	7.4	-----
Stroke	56	30.4	25.3	6.3	32.1	31.8	6.3	41.1	35.3	7.6
Hip Fracture	27	3.7	6.4	-----	3.7	11.0	-----	7.4	14.1	-----
Sepsis	19	42.1	30.4	-----	42.1	41.7	-----	47.4	46.6	-----
PROCEDURES:										
Angioplasty	46	8.7	3.7	-----	13.0	4.7	-----	15.2	5.7	-----
Coronary Artery Bypass Graft	46	8.7	6.0	-----	17.4	8.8	-----	17.4	10.1	-----
Initial Pacemaker Insertion	11	0.0	3.1	-----	0.0	6.6	-----	0.0	9.6	-----
Carotid Endarterectomy	21	0.0	1.6	-----	0.0	2.9	-----	0.0	4.1	-----
Hip Replacement/Reconstruction	38	7.9	2.8	-----	7.9	5.3	-----	7.9	7.1	-----
Open Reduction of Hip Fracture	13	0.0	5.9	-----	0.0	10.4	-----	7.7	13.8	-----
Prostatectomy	30	0.0	0.8	-----	0.0	1.9	-----	6.7	3.3	-----
Cholecystectomy	21	0.0	2.0	-----	0.0	3.8	-----	0.0	4.9	-----
Hysterectomy	15	6.7	1.9	-----	13.3	4.3	-----	20.0	6.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WEST VIRGINIA UNIVERSITY HOSPITAL
Medicare Provider Number: 510001

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	69.7 years
Proportion female	48.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	15.2 %
Transferred from skilled nursing facility	0.8 %
Admitted for elective procedure	32.4 %
Admitted for emergency	47.2 %

COMORBIDITIES:

Cancer	10.0 %
Chronic cardiovascular disease	37.8 %
Chronic liver disease	1.4 %
Chronic renal disease	8.3 %
Chronic pulmonary disease	18.7 %
Cerebrovascular degeneration	4.1 %
Diabetes mellitus	9.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	22.4%
State	55.7%
Outside State	21.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	308
Occupancy Rate	70.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	28.6 %
Case Mix Index (CMI)	1.4873

STAFFING:

Total Number of Physicians	271
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	179
Registered Nurses	438
Licensed Practical Nurses	50

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

WETZEL COUNTY HOSPITAL

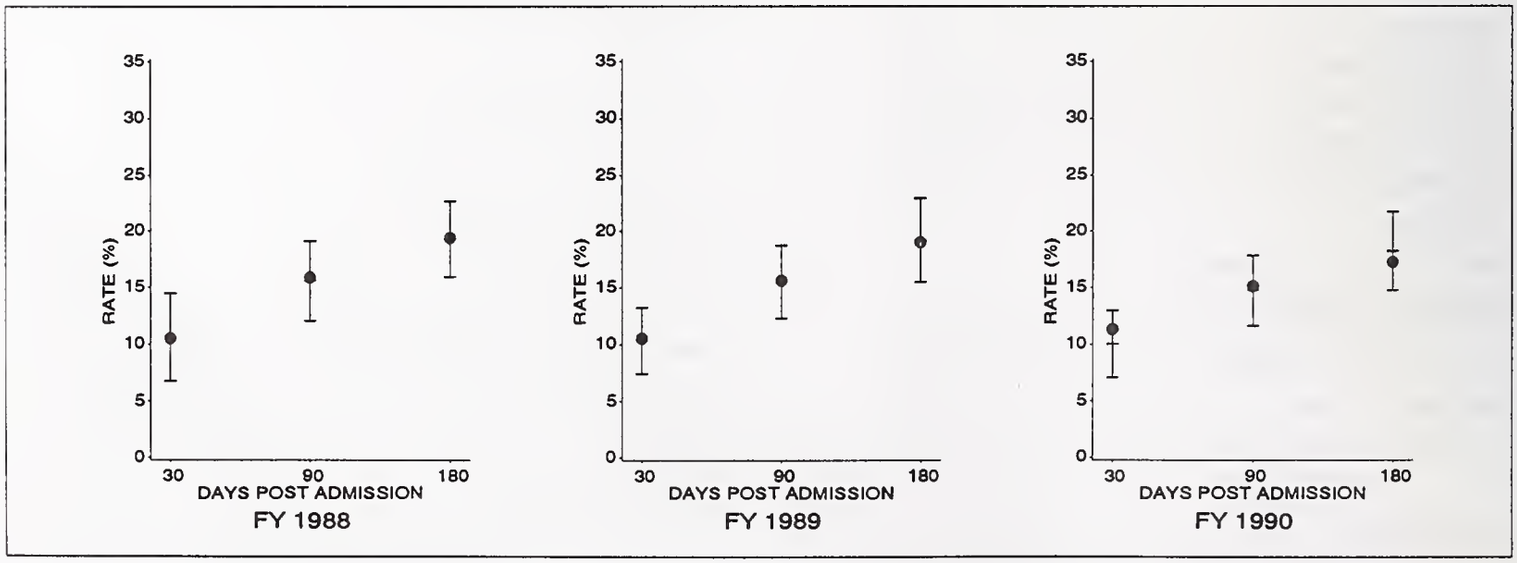
3 BENJAMIN DRIVE, BOX 610
NEW MARTINSVILLE, WV 26155
Medicare Provider Number: 510072

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	529	11.3	10.0	1.5	15.1	14.7	1.6	17.2	18.2	1.8
CONDITIONS:										
Acute Myocardial Infarction	31	22.6	26.4	-----	25.8	28.7	-----	25.8	31.2	-----
Congestive Heart Failure	33	24.2	13.0	-----	27.3	20.6	-----	27.3	26.5	-----
Pneumonia/Influenza	29	27.6	14.5	-----	34.5	19.6	-----	41.4	23.0	-----
Chronic Obstructive Pulmonary Disease	13	0.0	11.3	-----	23.1	20.2	-----	23.1	26.1	-----
Transient Cerebral Ischemia	14	0.0	2.1	-----	0.0	4.9	-----	0.0	7.9	-----
Stroke	21	38.1	20.1	-----	42.9	25.3	-----	42.9	29.4	-----
Hip Fracture	1	0.0	2.6	-----	0.0	4.8	-----	0.0	6.5	-----
Sepsis	5	20.0	18.1	-----	20.0	25.0	-----	20.0	29.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	2	0.0	1.0	-----	0.0	1.8	-----	0.0	2.6	-----
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	1	0.0	2.0	-----	0.0	4.0	-----	0.0	5.7	-----
Prostatectomy	11	0.0	1.0	-----	0.0	2.2	-----	0.0	3.7	-----
Cholecystectomy	21	0.0	1.2	-----	0.0	2.2	-----	0.0	2.9	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WETZEL COUNTY HOSPITAL
Medicare Provider Number: 510072

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.2 years
Proportion female	56.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.4 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	6.2 %
Admitted for emergency	61.4 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	43.3 %
Chronic liver disease	1.7 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	17.4 %
Cerebrovascular degeneration	3.8 %
Diabetes mellitus	7.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	63.8%
State	22.5%
Outside State	13.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.6 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	54
Occupancy Rate	42.0 %
Ownership/Control	Local Government
Medicare Discharges	36.9 %
Case Mix Index (CMI)	1.0653

STAFFING:

Total Number of Physicians	16
Percent of Physicians Board Certified Specialists	56.3 %
Medical Residents/Interns	0
Registered Nurses	41
Licensed Practical Nurses	13

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

WHEELING HOSPITAL

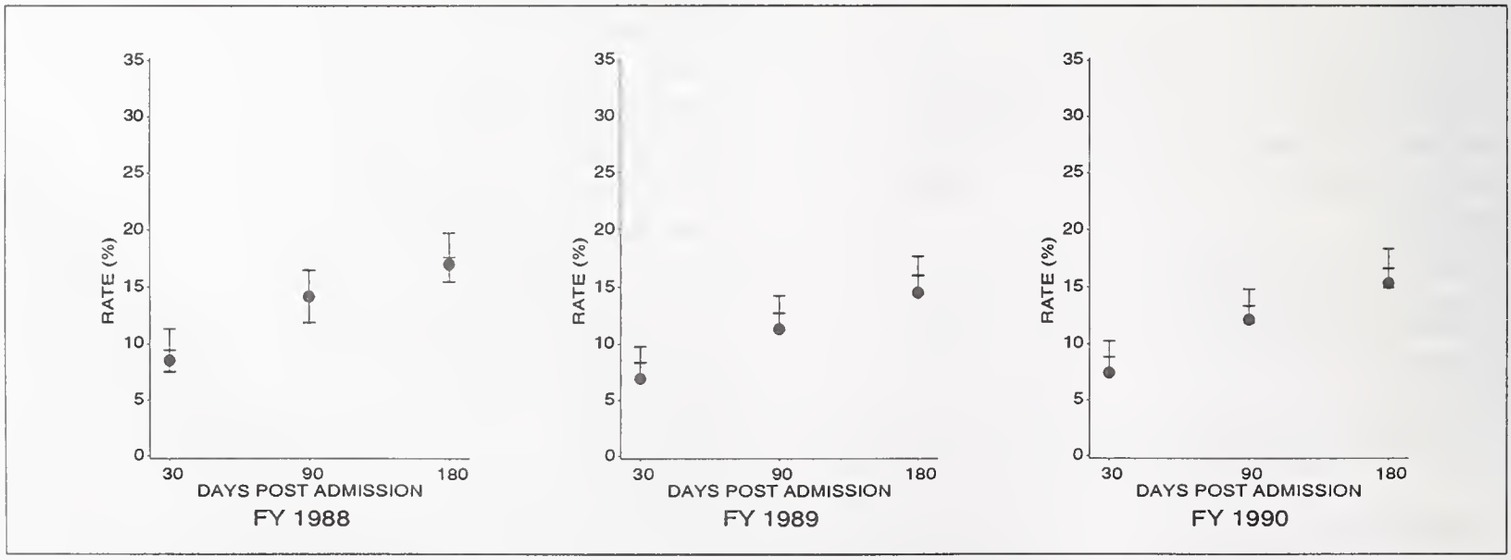
MEDICAL PARK
WHEELING, WV 26003
Medicare Provider Number: 510050

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3202	7.4	8.8	0.7	12.1	13.3	0.7	15.3	16.6	0.9
CONDITIONS:										
Acute Myocardial Infarction	89	30.3	25.7	6.6	32.6	28.6	6.6	37.1	31.6	7.0
Congestive Heart Failure	176	13.1	14.7	3.0	21.0	23.6	3.9	25.6	30.0	4.9
Pneumonia/Influenza	158	12.7	14.6	3.9	17.1	20.1	4.8	20.9	23.7	5.1
Chronic Obstructive Pulmonary Disease	89	4.5	8.3	5.0	9.0	14.5	6.4	12.4	19.1	6.7
Transient Cerebral Ischemia	61	1.6	1.3	1.5	4.9	2.9	2.9	4.9	4.7	2.7
Stroke	90	14.4	18.9	5.6	26.7	24.7	4.8	28.9	28.2	4.9
Hip Fracture	80	3.7	6.5	4.5	7.5	11.4	6.8	11.2	14.5	6.9
Sepsis	33	24.2	33.7	-----	30.3	41.4	-----	39.4	45.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	7.7	3.5	-----	7.7	7.3	-----	7.7	10.7	-----
Carotid Endarterectomy	10	0.0	1.3	-----	10.0	2.3	-----	10.0	3.1	-----
Hip Replacement/Reconstruction	47	0.0	3.2	-----	0.0	5.8	-----	4.3	7.7	-----
Open Reduction of Hip Fracture	40	7.5	6.1	-----	10.0	10.9	-----	12.5	14.1	-----
Prostatectomy	101	1.0	0.7	1.0	2.0	1.6	2.2	3.0	2.7	3.7
Cholecystectomy	55	3.6	2.8	3.8	9.1	5.0	5.1	9.1	6.7	5.5
Hysterectomy	35	2.9	0.4	-----	2.9	1.0	-----	2.9	1.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WHEELING HOSPITAL
Medicare Provider Number: 510050

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.7 years
Proportion female	56.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	40.2 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	23.9 %
Admitted for emergency	57.5 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	31.5 %
Chronic liver disease	0.7 %
Chronic renal disease	2.8 %
Chronic pulmonary disease	13.8 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	4.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	48.8%
State	17.9%
Outside State	33.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.1 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	276
Occupancy Rate	73.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	39.5 %
Case Mix Index (CMI)	1.2258

STAFFING:

Total Number of Physicians	165
Percent of Physicians Board Certified Specialists	74.5 %
Medical Residents/Interns	15
Registered Nurses	308
Licensed Practical Nurses	47

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

WILLIAMSON MEMORIAL HOSPITAL

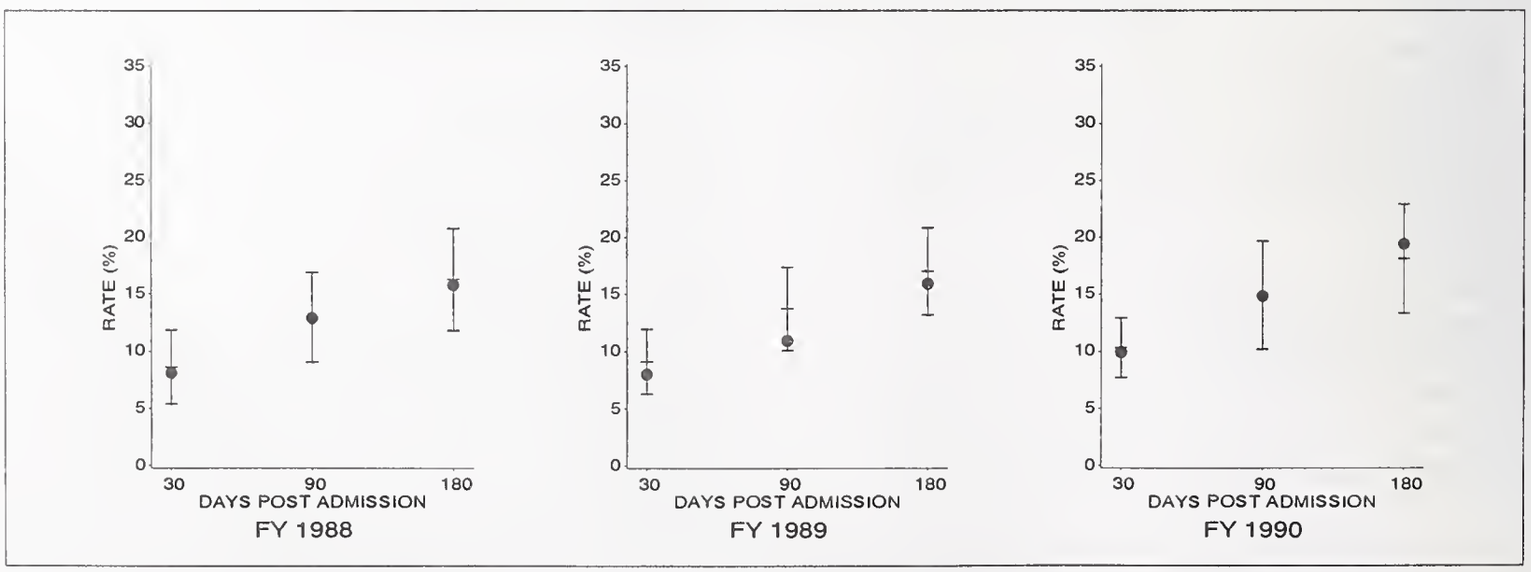
COLLEGE HILL
WILLIAMSON, WV 25661
Medicare Provider Number: 510077

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	614	9.9	10.3	1.3	14.8	14.9	2.4	19.4	18.1	2.4
CONDITIONS:										
Acute Myocardial Infarction	18	27.8	27.7	-----	27.8	30.1	-----	27.8	32.4	-----
Congestive Heart Failure	27	7.4	13.2	-----	11.1	20.9	-----	18.5	26.2	-----
Pneumonia/Influenza	18	11.1	15.1	-----	16.7	20.6	-----	33.3	25.1	-----
Chronic Obstructive Pulmonary Disease	1	0.0	4.0	-----	0.0	8.1	-----	0.0	11.3	-----
Transient Cerebral Ischemia	10	0.0	2.0	-----	0.0	4.7	-----	10.0	8.0	-----
Stroke	11	27.3	21.6	-----	36.4	30.2	-----	45.5	35.4	-----
Hip Fracture	17	17.6	7.2	-----	17.6	12.1	-----	17.6	15.3	-----
Sepsis	5	20.0	24.4	-----	40.0	28.9	-----	60.0	31.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	1.4	-----	0.0	3.0	-----	0.0	4.6	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	50.0	9.7	-----	50.0	17.4	-----	50.0	21.7	-----
Open Reduction of Hip Fracture	10	10.0	6.0	-----	10.0	10.0	-----	10.0	13.3	-----
Prostatectomy	4	0.0	1.7	-----	0.0	4.4	-----	0.0	7.8	-----
Cholecystectomy	6	0.0	0.9	-----	0.0	1.6	-----	0.0	2.0	-----
Hysterectomy	1	0.0	0.1	-----	0.0	0.2	-----	0.0	0.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WILLIAMSON MEMORIAL HOSPITAL
Medicare Provider Number: 510077

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.1 years
Proportion female	57.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	15.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	81.9 %

COMORBIDITIES:

Cancer	3.6 %
Chronic cardiovascular disease	44.1 %
Chronic liver disease	1.3 %
Chronic renal disease	1.6 %
Chronic pulmonary disease	34.0 %
Cerebrovascular degeneration	2.1 %
Diabetes mellitus	9.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	65.1%
State	4.4%
Outside State	30.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.0 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	76
Occupancy Rate	58.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	29.1 %
Case Mix Index (CMI)	1.1299

STAFFING:

Total Number of Physicians	46
Percent of Physicians Board Certified Specialists	32.6 %
Medical Residents/Interns	0
Registered Nurses	33
Licensed Practical Nurses	35

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

WYOMING COMMUNITY HOSPITAL INC

1238 GUYANDOTTE AVE
MULLENS, WV 25882
Medicare Provider Number: 510087

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	48	4.2	5.3	-----	4.2	7.7	-----	4.2	10.5	-----
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	3	33.3	26.0	-----	33.3	30.9	-----	33.3	37.0	-----
Pneumonia/Influenza	1	0.0	13.7	-----	0.0	16.9	-----	0.0	20.8	-----
Chronic Obstructive Pulmonary Disease	1	0.0	1.7	-----	0.0	3.5	-----	0.0	5.8	-----
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation
was not computed for one or more of the three fiscal years,
(1988, 1989, or 1990)

WYOMING COMMUNITY HOSPITAL INC

Medicare Provider Number: 510087

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	68.3 years
Proportion female	62.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	2.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	87.5 %

COMORBIDITIES:

Cancer	2.1 %
Chronic cardiovascular disease	37.5 %
Chronic liver disease	0.0 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	25.0 %
Cerebrovascular degeneration	0.0 %
Diabetes mellitus	4.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.4%
State	10.8%
Outside State	6.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.4 Days
State	8.1 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)** - Survey Year 1990

PROFILE:

Total Beds	32
Ownership/Control	Private, For Profit
Case Mix Index (CMI)	0.8158

STAFFING:

Medical Residents/Interns	8
Registered Nurses	8
Licensed Practical Nurses	10

SPECIALTY SERVICES:

Burn Unit	Yes
Coronary Care Unit	No
Hospice Care	No
Intensive Care Unit	No
Organ Transplant	Yes
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

WEST VIRGINIA

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	67,560	9.3	9.0	0.1	13.9	13.6	0.2	17.2	17.0	0.2
CONDITIONS:										
Acute Myocardial Infarction	2,403	25.3	25.9	1.0	28.9	29.0	1.1	31.3	31.8	1.2
Congestive Heart Failure	3,590	16.2	14.6	0.9	24.9	23.1	1.0	31.1	29.3	1.0
Pneumonia/Influenza	3,606	16.5	15.9	1.3	22.5	21.8	1.1	26.4	25.7	1.1
Chronic Obstructive Pulmonary Disease	1,460	6.2	7.2	1.2	12.5	12.9	1.3	17.1	17.4	1.3
Transient Cerebral Ischemia	1,184	1.8	1.8	0.7	4.9	4.0	1.0	7.1	6.4	1.2
Stroke	2,349	21.8	20.1	1.1	27.8	26.4	1.0	31.9	30.2	1.1
Hip Fracture	1,571	5.5	6.5	0.9	9.6	11.4	1.4	13.2	14.8	1.5
Sepsis	727	22.7	25.5	2.3	30.4	33.7	2.6	36.3	38.4	3.2
PROCEDURES:										
Angioplasty	370	4.9	2.9	1.6	5.7	3.8	1.7	7.0	4.7	1.8
Coronary Artery Bypass Graft	530	4.0	5.9	1.5	6.0	8.4	1.9	7.0	9.5	2.0
Initial Pacemaker Insertion	348	4.3	3.5	1.2	6.9	6.7	1.6	9.2	9.5	2.3
Carotid Endarterectomy	352	0.6	1.4	1.0	2.0	2.6	1.4	2.8	3.8	1.4
Hip Replacement/Reconstruction	1,028	2.8	3.6	0.9	5.8	6.6	1.3	7.5	8.8	1.7
Open Reduction of Hip Fracture	734	4.4	5.9	1.1	7.1	10.8	1.8	10.5	14.3	1.9
Prostatectomy	1,942	1.3	1.0	0.4	2.7	2.3	0.5	4.1	3.8	0.5
Cholecystectomy	1,434	3.1	2.4	0.6	5.9	4.5	1.2	6.5	5.9	0.7
Hysterectomy	520	1.3	0.6	1.0	1.9	1.4	1.2	2.7	2.2	1.5

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.3 years
Proportion female	55.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.3 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	17.5 %
Admitted for emergency	54.4 %

COMORBIDITIES:

Cancer	6.9 %
Chronic cardiovascular disease	37.2 %
Chronic liver disease	0.9 %
Chronic renal disease	3.2 %
Chronic pulmonary disease	20.5 %
Cerebrovascular degeneration	3.7 %
Diabetes mellitus	8.2 %

ALL STATES

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	6,542,299	9.0	9.0	-----	13.9	13.7	-----	17.3	17.1	-----
CONDITIONS:										
Acute Myocardial Infarction	204,673	25.3	25.6	-----	29.5	28.7	-----	32.1	31.4	-----
Congestive Heart Failure	335,426	14.3	14.4	-----	22.9	22.8	-----	29.2	29.0	-----
Pneumonia/Influenza	313,303	15.3	15.5	-----	21.5	21.3	-----	25.5	25.1	-----
Chronic Obstructive Pulmonary Disease	107,387	8.0	8.0	-----	14.1	14.0	-----	18.7	18.5	-----
Transient Cerebral Ischemia	96,866	1.8	1.8	-----	4.0	4.0	-----	6.4	6.5	-----
Stroke	241,803	19.7	19.8	-----	26.5	26.3	-----	30.4	30.0	-----
Hip Fracture	163,386	6.7	6.5	-----	11.7	11.5	-----	15.1	15.0	-----
Sepsis	80,999	25.6	25.7	-----	34.6	33.8	-----	39.8	38.6	-----
PROCEDURES:										
Angioplasty	58,026	3.0	3.0	-----	4.0	4.0	-----	5.0	4.9	-----
Coronary Artery Bypass Graft	80,798	6.0	5.7	-----	8.3	8.1	-----	9.5	9.2	-----
Initial Pacemaker Insertion	49,642	3.2	3.3	-----	6.5	6.3	-----	9.1	9.1	-----
Carotid Endarterectomy	29,990	1.6	1.5	-----	2.8	2.8	-----	4.0	4.1	-----
Hip Replacement/Reconstruction	122,156	3.4	3.2	-----	6.2	5.9	-----	8.1	8.0	-----
Open Reduction of Hip Fracture	80,075	6.1	6.0	-----	11.2	11.0	-----	14.5	14.5	-----
Prostatectomy	211,087	0.9	1.0	-----	2.2	2.3	-----	3.7	3.8	-----
Cholecystectomy	124,259	2.9	2.7	-----	5.0	4.9	-----	6.5	6.5	-----
Hysterectomy	53,905	0.7	0.7	-----	1.4	1.5	-----	2.2	2.4	-----

* The Standard Deviation (SD) is not calculated.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	55.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.1 %
Transferred from skilled nursing facility	1.1 %
Admitted for elective procedure	22.0 %
Admitted for emergency	46.5 %

COMORBIDITIES:

Cancer	7.6 %
Chronic cardiovascular disease	36.6 %
Chronic liver disease	1.0 %
Chronic renal disease	3.4 %
Chronic pulmonary disease	15.0 %
Cerebrovascular degeneration	3.9 %
Diabetes mellitus	8.0 %

Hospital Comments

Putnam General Hospital

HCA The Healthcare Company

1400 Hospital Drive
Hurricane, WV 25526

P.O. Box 900
(304) 757-9800
FAX (304) 757-0716

March 17, 1992

Gail R. Wilenski, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

ATTENTION: Robert Moore

Dear Mr. Moore:

SUBJECT: Fiscal Year 1990 Mortality Rates
Provider Number 510085

The hospital would like to comment briefly on:

a. Calculation methodology, and

b. Presentation of uninterrupted data to the public as a measurement of quality patient care.

Calculation of Statistics

The method in which these mortality rates are calculated results in a figure which can be very misleading to the general public. By inclusion of deaths occurring outside the facility, but within 30, 90, and 180 days of admission, the percentages reflect cases which traditionally have not been used to determine hospital mortality rates. Further, by using the admission date rather than the discharge date and length of stay, the data analysis does not consider the potential impact of premature discharges.

With respect to the cases selected for review of our hospital data, some of the patients had one or more admissions during the intervening time period between the selected case for review and the actual date of death. This can be significant if the cause of death was not related to the hospitalization selected for the sample.

Quality of Care

Utilizing death rates as a sole method of measuring the presence or absence of quality care in any hospital is an extremely rigid "ruler" which is not accurate in that it does not consider any other measurable factors which may account for higher or lower rates. Presentation of such data to the public without any qualifying or explanatory information may lead to erroneous and unwarranted conclusions about the level of quality in a particular facility.

Thank you for the opportunity to comment.

Sincerely,

Dennis P. Bridgeman
Administrator/CEO

DPB:pbs

Jackson General Hospital

Pinnell Street, Ripley, West Virginia 25271 - Phone (304) 372-2731

Medicare Provider No. 5100-18

TO: THE MEDIA AND ALL OTHER INTERESTED PARTIES

Jackson General Hospital is pleased that its 1990 Health Care Financing Administration's published mortality rates are within the normal ranges for all causes at 30, 90 and 180 days.

We caution the media and others who see the mortality data against using it to measure quality of care. We commend the H.C.F.A. for its efforts to provide meaningful information to providers and the public; however, we feel that there are factors that impact mortality that are not used in computing the mortality rates.

We request that the media study our mortality information carefully making sure that it is interpreted properly. The graphic presentation shows the mortality rates with the standard deviation calculated and should be used to determine if a hospital falls within the normal range for mortality. We also wish to point out that a standard deviation has not been calculated for certain conditions because the number of cases was too small for satisfactory estimation; therefore, it should not be concluded that our hospital had a high mortality rate for any of the conditions.

William S. Chapman
Executive Director

hcfada.doc

Hospital ID: 510024

Monongalia
General
Hospital

COMMENTS ON HCFA MORTALITY DATA FOR FY 1990

Monongalia General Hospital is pleased that our Medicare Hospital Mortality Rates for FY 1990 are well within the predicted range. This is only one of numerous indicators that the hospital administration and staff use to assess the quality of patient care. The Quality Assurance process at Monongalia General Hospital is comprehensive and continuous. The data from the Medicare Hospital Mortality Rates will be used in conjunction with the extensive data that is collected by the Quality Assurance Department to continually assess and monitor patient care.

Again, we wish to note that mortality data by itself is at best a crude indicator of the quality of patient care and needs to be combined with other detailed information before meaningful judgements can be made.

Respectfully,

Thomas J. Senker

Thomas J. Senker
President/CEO

PMC Plateau Medical Center

430 Main Street
Oak Hill, West Virginia 25901

Phone (304) 465-0551
FAX (304) 465-0710

Hospital ID: 510060

March 19, 1992

I have reviewed the 1990 Medicare hospital mortality information recently submitted to my office. I appreciate the opportunity to express my comments. My initial comment is that the data and reporting format you provide becomes more and more complex each reporting period. In addition, the data does not take into account that patients died not only because of one condition or procedure but due to systemic infections, multi-system complications and/or other co-morbid conditions.

This information has been shared with physician members of the Quality Assurance Committee and improvements are noted. Data indicates there were a total of 756 Medicare admissions from 10/01/89 through 09/30/90. During this time, 25% of the admissions were reported as deaths. Further review of your calculation shows that 13.7% of these deaths occurred post discharge with 5.9% occurring 3-11 months after discharge.

Individuals reviewing this mortality data need to know that PMC is a JCAHO accredited general acute care facility which combines the services of a JCAHO accredited Home Health Agency and renders services to approximately eight custodial and intermediate care facilities in our service area. Patients present to PMC only after other levels of care have been exhausted.

Mortality Review is an ongoing process of our internal Quality Assurance Program. Considering demographic values, the amount of outpatient and home care provided and the number of co-morbid conditions experienced by our patients, we feel that the quality of care at Plateau Medical Center is equal to local, state and national norms.

Sincerely,

Albert H. Michaels

Albert H. Michaels
Administrator

ST.
JOSEPH'S
HOSPITAL

Medicare Provider #51-0033

March 10, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187

ATTN: Robert Moore

Dear Dr. Wilensky:

Thank you for the opportunity to comment on the mortality data. Below I have the comments for publication.

COMMENTS

St. Joseph's Hospital is a general acute care facility of 300 beds serving primarily eight West Virginia and three Ohio counties in the Mid-Ohio Valley Region. Located in Parkersburg, West Virginia, the hospital serves a city that borders the Ohio River and is comprised of large chemical and industrial metal manufacturers. St. Joseph's was established in 1900 and is sponsored by the Sisters of St. Joseph's of Wheeling, West Virginia.

We appreciate the opportunity to review the data prior to the date of release to the public. The standard deviations of the predicted rates for St. Joseph's Hospital have been thoroughly reviewed and are well within the expected ranges for each category.

Very truly yours,

Arthur A. Maher
President & Chief Executive Officer

0031e

19th Street and Murdoch Ave. Parkersburg, WV 26101 1-304-424-4111

VHA
Partner-VHA Mid-Atlantic
Affiliate of the Voluntary
Hospitals of America System.

UNITED HOSPITAL CENTER

Provider #: 510006

Post Office Box 1680 ■ Clarksburg, West Virginia 26302-1680 ■ Telephone 304/624-2121

COMMENTS ON HCFA MORTALITY DATA

MARCH, 1992

United Hospital Center, located in Clarksburg, West Virginia is strongly committed to the concept of Continuous Quality Improvement (CQI) in the delivery of healthcare. Our quality assurance programs cover virtually all aspects of hospital operations, and recently implemented CQI programs underscore our commitment to quality.

Although this data contains raw information not adjusted for acuity, it nonetheless can be used to further assist in the evaluation of clinical outcomes by all healthcare providers.

In evaluating the 1990 Medicare Mortality data, several comments can be made.

Overall, hospital mortality at United Hospital Center falls within two standard deviations of the norm for 30-day, 90-day and 180-day follow-up. Evaluation of individual conditions and procedures indicate that mortality rates fall within one standard deviation of the norm.

On the surface, this would indicate that the raw, non-acuity adjusted data for UHC falls within national norms.

Unfortunately, for some procedures, the number of cases was quite small, and the presence of only one or two deaths produced a marked percentage figure in mortality rates. This can be observed in the areas of pace-maker insertion, open reduction of hip fracture and hysterectomy.

In summation, United Hospital Center is deeply committed to the strengthening of its quality assurance program and the continued implementation of the continuous quality improvement concept. United Hospital Center has a mission to supply quality healthcare to a population with an unusually high number of serious risk factors for disease. We feel that the overall pattern of improvement in all categories over the past 3 years is further evidence that United Hospital Center is succeeding in this important mission. We also feel that the mortality data released by HCFA will aid our quality assurance process in enhancing programs to further improve our health care quality.

Bruce C. Carter
President

WEST VIRGINIA UNIVERSITY HOSPITALS

March 16, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Room 3-A-12, Security Office Park Building
6235 Security Boulevard
Baltimore, MD 21207-5187

Dear Dr. Wilensky:

West Virginia University Hospitals appreciates the opportunity to respond to the 1990 Health Care Financing Administration's (HCFA) mortality data. The addition of graphic presentation of predicted and observed mortality rates for "All Causes for FYs 1988 through 1990", information on variables used for computing predicted mortality rates, geographic origin of the Hospital's patients, and comparative average length of stay information demonstrates HCFA's commitment to improve the validity and usefulness of the information. We wish to make brief comments regarding our specialized services and closer analysis of several categories depicted in HCFA's data.

Specialized Services

West Virginia University Hospitals is a tertiary referral center providing state-of-the-art services to West Virginia and the region. We are recognized for our high risk cardiology, high risk obstetrical, neonatal intensive care, neurosurgical, kidney transplant and dialysis programs, as well as numerous other specialty programs. Our oncology program is recognized by the Commission on Cancer as part of a designated cancer center. Additionally, we are West Virginia's only Level I trauma center, and as such receive and care for a significant number of complex conditions and illnesses. This complexity is demonstrated by the overall percentage of patients admitted for emergencies (47.2%) and by our Case Mix Index (CMI) of 1.4873, indicating that, on average, our patients require 48% greater resource intensity.

Conditions

Monitoring the evaluation of deaths is an ongoing process at WVUH, and supports our overall quality assessment and improvement process. A closer analysis of the data for Acute Myocardial Infarction (AMI) revealed an overall average age of this group was 72.0 years, and average length of stay was 8.0 days. Of those patients who were shown as deceased within 180 days, 46% were transferred from another acute care facility. Of this same group, 38% had a secondary diagnosis of diabetes, 23% had congestive heart failure, and 15% had cancer. HCFA's data showed WVUH to be below the predicted mortality percentage.

Office of the President

Ruby Memorial Hospital West Virginia University Children's Hospital Jon Michael Moore Trauma Center

Medical Center Drive Morgantown, WV 26506-8136 Telephone 304-598-4355

Our statistics for patients with strokes were within the 95% confidence range. A closer analysis revealed an overall average age of this group was 73.0 years, and an average length of stay was 7.8 days. Of those patients who were shown as deceased within 180 days, 56% were transferred from another acute care facility and 8% from a skilled nursing facility. Of this same group, 24% had a secondary diagnosis of chronic renal failure, 20% had diabetes, 16% had pneumonia, and 12% had cancer. The find-ings from review of AMI and stroke are consistent with treatment of individuals with complex comorbidities in need of tertiary care.

Procedures

As our services for cardiac conditions continue to expand and we treat increasingly complex cases, review of the data for Angioplasties was of particular significance. A closer analysis revealed an overall average age of 69 years and an average length of stay of 4.4 days. Of those shown as deceased within 180 days, 57% were transferred from another acute care facility, 86% had a primary diagnosis of acute myocardial infarction, 26% had a secondary diagnosis of diabetes, and 14% had a secondary diagnosis of cancer.

A closer analysis of hip replacements revealed an overall age of 71.7 years and average length of stay of 12.4 days. Three patients were shown as deceased within 180 days. One patient had bone cancer with metastasis, diabetes, and chronic obstructive lung disease. A second patient also had chronic obstructive lung disease, congestive heart failure, and a previous myocardial infarction. The last patient had chronic renal failure as a secondary diagnosis.

Again, the findings from review of Angioplasties and hip replacements reflect the types of patients with complex diagnoses and comorbidities requiring tertiary care available from a referral hospital. Overall, our mortality rates are in line with what HCFA had predicted at 180 days or slightly below HCFA's prediction at 30 and 90 days.

In closing, we would like to commend the HCFA for their efforts at improving the mortality data. Likewise, West Virginia University Hospitals believes that patients are the highest priority and to that end work toward improving the services we deliver.

Sincerely,

Bernard G. Westfall
President/CEO

J38

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